

IC 25-19

ARTICLE 19. HEALTH FACILITY ADMINISTRATORS

IC 25-19-1

Chapter 1. Regulation of Health Facility Administrators.
Creation of Board

IC 25-19-1-1 Definitions

Sec. 1. (a) As used in this chapter, "board" refers to the Indiana state board of health facility administrators.

(b) As used in this chapter, "health facility administrator" means a natural person who administers, manages, supervises, or is in general administrative charge of a licensed health facility whether such individual has an ownership interest in the health facility and whether the person's functions and duties are shared with one (1) or more individuals.

(c) As used in this chapter, "health facility" means any institution or facility defined as such for licensing under IC 16-28 and classified into care categories by rules adopted under IC 16-28. *(Formerly: Acts 1969, c.84, s.1; Acts 1971, P.L.374, SEC.1.) As amended by Acts 1982, P.L.29, SEC.5; P.L.149-1987, SEC.38; P.L.2-1993, SEC.139.*

IC 25-19-1-2 State board of health facility administrators

Sec. 2. (a) There is created the Indiana state board of health facility administrators composed of fourteen (14) members as follows:

- (1) The state health commissioner or the commissioner's designee.
- (2) The director of the division of family and children or the director's designee.
- (3) The state long term care ombudsman or the state long term care ombudsman's designee.
- (4) The chief administrative officer of the Indiana University medical center at Indianapolis or the chief administrative officer's designee.
- (5) One (1) member of the medical profession holding an unlimited license to practice medicine in Indiana.
- (6) One (1) hospital administrator who must hold an executive position in an Indiana hospital.
- (7) Four (4) administrators of licensed proprietary health facilities.
- (8) Two (2) administrators of licensed nonproprietary health facilities.
- (9) Two (2) members representing the public at large, who:

- (A) are residents of Indiana; and
- (B) have never been associated with health facility services or administration in any way other than as a resident or a family member of a resident of a health facility.

(b) Those members of the board other than the representatives of state agencies and institutions shall be

appointed by the governor after consultation with the associations and societies appropriate to the disciplines and professions representative of the position to be filled. The original and all subsequent physician and hospital administrator appointments shall be for terms of four (4) years. All appointments shall be for four (4) year terms, except that in case of a vacancy prior to term completion, the appointment shall be for the remainder of the unexpired term. Any vacancy, either prior to or at term completion, shall be filled by the governor after consultation with the associations and societies appropriate to the discipline or professions representative of the vacancy. In all cases, the appointees shall serve until their successors are appointed and qualified.

(c) The governor may remove any member of the board other than the representative of a state agency or institution for misconduct, incapacity, incompetence, or neglect of duty after the member has been served with a written statement of charges and has been given an opportunity to be heard. Designated representatives of the state agencies or institutions may be removed by the original appointing authority for any of those causes.

(Formerly: Acts 1969, c.84, s.2.) As amended by Acts 1981, P.L.222, SEC.136; P.L.149-1987, SEC.39; P.L.2-1992, SEC.775; P.L.43-1998, SEC.1.

IC 25-19-1-3 Qualifications for license; examination

Sec. 3. (a) The board may issue licenses to qualified persons as health facility administrators and shall establish qualification criteria for health facility administrators. The board shall adopt rules establishing standards for the competent practice of a health facility administrator. A person who applies to the board to practice as a health facility administrator must:

- (1) not have been convicted of a crime that has a direct bearing on the person's ability to practice competently;

(2) have:

(A) satisfactorily completed a course of instruction and training prescribed by the board, which course shall be so designed as to content and so administered as to present sufficient knowledge of the needs properly to be served by health facilities, laws governing the operation of health facilities and the protection of the interests of patients therein, and the elements of good health facilities administration; or

(B) presented evidence satisfactory to the board of sufficient education, training, or experience in the foregoing fields to administer, supervise, and manage a health facility; and

- (3) have passed an examination administered by the board and designed to test for competence in the subject matter referred to in subdivision (2).

(b) The board may issue a provisional license for a single period not to exceed six (6) months for the purpose of

enabling a qualified individual to fill a health facility administrator position that has been unexpectedly vacated. Before an individual is issued a provisional license, the individual must fulfill the requirements in subdivision (a)(1) in addition to complying with other standards and rules established by the board.

(Formerly: Acts 1969, c.84, s.3; Acts 1973, P.L.252, SEC.9.) As amended by Acts 1978, P.L.128, SEC.1; Acts 1981, P.L.222, SEC.137; Acts 1982, P.L.113, SEC.53; P.L.149-1987, SEC.40; P.L.152-1988, SEC.11; P.L.33-1993, SEC.26.

IC 25-19-1-3.5 Temporary permit; issuance; conditions

Sec. 3.5. (a) The board may issue a temporary permit to practice as a health facility administrator to a person who:

- (1) has applied to the board for a license to practice as a health facility administrator;
- (2) has a current license as a health facility administrator in another state;
- (3) has met the educational requirements of the board;
- (4) has completed a board approved training program or board determined equivalent; and
- (5) has successfully completed the national examination with a score equivalent to the score required by this state.

(b) The board may substitute for the requirements in subsection (a)(3) or (a)(4) the experience of a person as a licensed health facility administrator in another state.

(c) A temporary permit issued under this section expires upon:

- (1) the issuance of a license to the holder of the temporary permit; or
- (2) the receipt by the holder of the temporary permit of notice from the board that the holder of the temporary permit has failed the required examination for licensure.

(d) A person holding a temporary permit to practice as a health facility administrator is subject to the disciplinary provisions of this chapter.

(e) The board may establish, by rules adopted under IC 4-22-2 and IC 25-19-1-4, application procedures and requirements for the issuance of temporary permits under this section.

As added by P.L.149-1987, SEC.41.

IC 25-19-1-4 Rules for licensure; cancellation, suspension, or revocation of license

Sec. 4. The board shall license health facility administrators in accordance with rules issued and from time to time revised by it. A health facility administrator's license shall not be transferable and shall be valid until surrendered for cancellation or suspended or revoked for violation of this chapter or any other laws or rules relating to the proper administration and management of a health facility. Any denial of issuance or renewal, suspension, or revocation under any section of this chapter shall be appealable upon the timely request of the applicant or licensee and pursuant to IC 4-21.5.

(Formerly: Acts 1969, c.84, s.4.) As amended by Acts 1982, P.L.154, SEC.76; P.L.7-1987, SEC.124.

IC 25-19-1-5 Classification as comprehensive health facilities and residential health facilities; administrator's license; fee

Sec. 5. (a) The Indiana health facilities council, pursuant to authority provided by IC 16-28, has, by rule duly promulgated, classified health facilities into comprehensive health facilities and residential health facilities. The fee for a health facility administrator's license in either classification shall be set by the board under section 8 of this chapter.

(b) Such fee and application shall be submitted to the board and the board shall transmit all such funds so received to the treasurer of state to be deposited by him in the general fund of the state. All expenses incurred in the administration of this chapter shall be paid from the general fund upon appropriation being made therefor in the manner provided by law for making such appropriations.

(c) The administrator of a comprehensive care facility must have a comprehensive care license issued by the board in accordance with rules adopted under section 8 of this chapter.

(Formerly: Acts 1969, c.84, s.5; Acts 1971, P.L.374, SEC.2; Acts 1975, P.L.270, SEC.1.) As amended by Acts 1976, P.L.119, SEC.16; Acts 1982, P.L.29, SEC.6; P.L.169-1985, SEC.59; P.L.2-1993, SEC.140.

IC 25-19-1-5.1 Fee; payment

Sec. 5.1. Notwithstanding section 5 of this chapter, the fee for a health facility administrator's license shall be submitted to the health professions bureau for it to transmit to the state treasurer.

As added by Acts 1981, P.L.222, SEC.138. Amended by P.L.169-1985, SEC.60.

IC 25-19-1-6 Organization and government of board; compensation; expenses; employees

Sec. 6. (a) The board shall elect from its membership annually a chairman, vice chairman, and secretary and shall adopt rules to govern its proceedings. Each member of the board who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). Such a member is also entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the department of administration and approved by the state budget agency. The health professions bureau shall supply necessary personnel to assist the board in the performance of its duties.

(b) Eight (8) members of the board, including three (3) members who are health facility administrators and one (1) member who is an officer of the board, constitute a quorum for consideration of all matters before the board. A majority vote of the quorum is required for action of the board.

(Formerly: Acts 1969, c.84, s.6.) As amended by Acts 1981,

P.L.222, SEC.139; P.L.169-1985, SEC.61; P.L.149-1987, SEC.42; P.L.28-1999, SEC.1.

IC 25-19-1-7 Determination of qualifications for license

Sec. 7. The Board shall have sole and exclusive authority to determine the qualifications, skill and fitness of any person to serve as an administrator of a health facility under the provisions of this chapter, and the holder of a license under the provisions of this chapter, shall be deemed qualified to serve as the administrator of that type of health facility for which he is licensed.

In carrying out its responsibilities under this chapter, The Board may seek the advice of various disciplines, agencies, institutions and individuals having an interest in long-term care. *(Formerly: Acts 1969, c.84, s.7; Acts 1971, P.L.374, SEC.3.)*

IC 25-19-1-8 Powers and duties of the board

Sec. 8. The board shall do the following:

- (1) Adopt rules establishing standards for the competent practice of a health facility administrator.
- (2) Develop and apply appropriate techniques, including examination and investigations, for determining whether an individual meets the standards.
- (3) Issue licenses to individuals determined, after application of the appropriate criteria, to meet the standards, and for cause, after due notice and hearing, impose sanctions under IC 25-1-9, including placing the licensee on probation and revoking or suspending licenses previously issued by the board in any case where the individual holding the license is determined substantially to have failed to conform to the requirements of the standards.
- (4) Establish and carry out the procedures designed to ensure that individuals licensed as health facility administrators will, during any period that they serve as such, comply with the requirements of the standards.
- (5) Subject to IC 25-1-7, receive, investigate, and take appropriate action under IC 25-1-9 with respect to, and including probation, suspension, or the revocation of a license if necessary after due notice and hearing and for cause, any charge or complaint filed with the board to the effect that any individual licensed as a health facility administrator has failed to comply with the requirements of the standards.
- (6) Conduct a continuing study and investigation of health facilities and administrators of health facilities in the state to improve the standards imposed for the licensing of the administrators and of procedures and methods for the enforcement of the standards with respect to licensed health facility administrators.
- (7) Conduct, or cause to be conducted, one (1) or more courses of instruction and training sufficient to meet the requirements of this chapter, and shall make provisions for the courses and their

accessibility to residents of this state unless it finds and approves a sufficient number of courses conducted by others within this state. The board may approve courses conducted in or outside this state sufficient to meet the education and training requirements of this chapter. (8) Take other actions, not inconsistent with law, including establishing and approving requirements for continuing professional education for licensure renewal making provisions for accepting and disbursing funds for educational purposes, as may be necessary to enable the state to meet the requirements set forth in Section 1908 of the Social Security Act (42 U.S.C. 1396g), the federal regulations adopted under that law, and other pertinent federal authority, and designing any other action to improve the professional competence of licensees.

(Formerly: Acts 1969, c.84, s.8; Acts 1975, P.L.270, SEC.2.) As amended by Acts 1977, P.L.172, SEC.25; Acts 1981, P.L.222, SEC.140; P.L.149-1987, SEC.43; P.L.152-1988, SEC.12.

IC 25-19-1-9 Renewal of license; failure to renew

Sec. 9. (a) Every holder of a health facility administrator's license shall renew it biennially, on or before August 31 of even-numbered years by making an application to the board. The renewals shall be granted as a matter of course, unless the board finds, after due notice and hearing, that the applicant has acted or failed to act in a manner or under circumstances that would constitute grounds for nonrenewal, suspension, or revocation of a license.

(b) A health facility administrator's license expires at midnight on the renewal date specified by the health professions bureau. Failure to renew a license on or before the renewal date automatically renders the license invalid.

(c) A person who fails to renew a license before it expires and becomes invalid at midnight of the renewal date shall be reinstated by the board upon meeting the requirements under IC 25-1-8-6. However, a person who fails to apply to reinstate a license under this section within three (3) years after the date the license expires and becomes invalid shall be issued a license by meeting the requirements under IC 25-1-8-6.

(d) The board may require an applicant under subsection (c) to appear before the board to explain the applicant's failure to renew.

(Formerly: Acts 1969, c.84, s.9; Acts 1975, P.L.270, SEC.3.) As amended by P.L.149-1987, SEC.44; P.L.48-1991, SEC.32; P.L.269-2001, SEC.14.

IC 25-19-1-10 License by reciprocity; requirements

Sec. 10. (a) The board may issue a health facility administrator's license to any person who holds a current comparable license from another jurisdiction, if the board finds that the applicant has:

- (1) met the educational requirements of the board;

- (2) completed a board approved training program or board determined equivalent;
- (3) successfully completed the national examination with a score equivalent to the score required by this state; and
- (4) successfully completed the state examination conducted by the board.

(b) The board may substitute for the requirements in subsection (a)(1) or (a)(2) the experience of a person as a licensed health facility administrator in another state. (Formerly: Acts 1969, c.84, s.10.) As amended by P.L.149-1987, SEC.45; P.L.33-1993, SEC.27.

IC 25-19-1-11 Necessity of license; violations

Sec. 11. No health facility may operate unless it is under the supervision of an administrator who holds a currently valid health facility administrator's license, provisional license, or temporary permit issued under this chapter. No person may practice or offer to practice health facility administration or use any title, sign, card, or device to indicate that the person is a health facility administrator, unless the person has been duly licensed as a health facility administrator or provisional health facility administrator. A person who violates this section commits a Class C infraction, and each day of continuing violation after entry of judgment constitutes a separate infraction. (Formerly: Acts 1969, c.84, s.11.) As amended by Acts 1978, P.L.2, SEC.2537; P.L.149-1987, SEC.46.

IC 25-19-1-12 Approval and promulgation of rules and regulations

Sec. 12. All rules and regulations authorized by this chapter, to become effective, shall be first approved by the board and then promulgated in the manner provided by law for the promulgation of rules and regulations of administrative bodies and when so promulgated shall be the only rules and regulations governing the licensing of health facility administrators as defined in this chapter, in the state. (Formerly: Acts 1969, c.84, s.12.) As amended by Acts 1982, P.L.154, SEC.77. Repealed (Repealed by P.L.152-1988, SEC.30.)

IC 25-19-1-14 Injunction from continuing violation of chapter; punishment

Sec. 14. The attorney general, the board, or the prosecuting attorney or a citizen of any county in which a person is in violation of this chapter may bring an action in the name of the state to enjoin the person from continuing in violation of this chapter. A person who is enjoined and who violates the injunction shall be punished for contempt of court. An injunction issued under this section does not relieve any person from criminal prosecution. As added by P.L.149-1987, SEC.48.

INDIANA CODE § 25

TITLE 25. PROFESSIONS AND OCCUPATIONS

INDIANA CODE § 25-1

ARTICLE 1. GENERAL PROVISIONS

INDIANA CODE § 25-1-1

Chapter 1. Evidence of License Applicant's Payment of Personal Property Taxes Required

IC 25-1-1-1 Issuance of license; evidence of payment of personal property tax

Sec. 1. It is unlawful for any board, officer, or person to issue any license, as defined in section 2 of this chapter, to any person who is a resident of this state, unless the applicant, at the time he applies for such license, submits, in addition to all other requirements prescribed by law, a receipt or other evidence showing that he has paid all his personal property taxes in full. "Other evidence" in the case of all licenses issued by the bureau of motor vehicles means a statement signed by the treasurer of the county in which the applicant is a resident that the applicant has paid all personal taxes assessed against him, including all delinquent personal property tax; or, if the applicant owns no personal property subject to taxation, a signed statement from the assessor of the county in which the applicant resides certifying that he has made an affidavit to the effect that he owes no delinquent personal property tax in any county in Indiana. (Formerly: Acts 1931, c.124, s.1; Acts 1941, c.61, s.1; Acts 1943, c.124, s.1; Acts 1953, c.208, s.1.) As amended by Acts 1978, P.L.2, SEC.2501.

IC 25-1-1-2 License defined

Sec. 2. The term "license" as used in this chapter shall be construed to mean and include motor vehicle registration licenses, certificates of title showing the ownership of any motor vehicle, except those classed as passenger vehicles. (Formerly: Acts 1931, c.124, s.2; Acts 1972, P.L.183, SEC.1.)

IC 25-1-1-3 Repealed

(Repealed by Acts 1978, P.L.2, SEC.2570.)

IC 25-1-1-4 Repealed

(Repealed by Acts 1978, P.L.2, SEC.2570.)

INDIANA CODE § 25-1-1.1

Chapter 1.1. Effect of Criminal Convictions on Licensed or Registered Persons

IC 25-1-1.1-1 Denial, revocation, or suspension of license or certificate of registration; conviction of crime

Sec. 1. Except as provided under sections 2 through 3 of this chapter, a license or certificate of registration that an individual is required by law to hold to engage in a business, profession, or occupation may not be denied, revoked, or suspended because the applicant or holder has been convicted of an offense. The acts from which the applicant's or holder's conviction resulted may, however, be considered as to whether the applicant or holder should be entrusted to serve the public in a specific capacity. (Formerly: Acts 1973, P.L.249, SEC.1.) As amended by Acts 1978, P.L.2, SEC.2502; P.L.67-1990, SEC.6.

IC 25-1-1.1-2 Suspension or revocation of license or certificate; conviction for drug related offense

Sec. 2. A board, a commission, or a committee may suspend or revoke a license or certificate issued under this title by the board, the commission, or the committee if the individual who holds the license or certificate is convicted of any of the following:

- (1) Possession of cocaine, a narcotic drug, or methamphetamine under IC 35-48-4-6.
- (2) Possession of a controlled substance under IC 35-48-4-7(a).
- (3) Fraudulently obtaining a controlled substance under IC 35-48-4-7(b).
- (4) Manufacture of paraphernalia as a Class D felony under IC 35-48-4-8.1(b).
- (5) Dealing in paraphernalia as a Class D felony under IC 35-48-4-8.5(b).
- (6) Possession of paraphernalia as a Class D felony under IC 35-48-4-8.3(b).
- (7) Possession of marijuana, hash oil, or hashish as a Class D felony under IC 35-48-4-11.
- (8) Maintaining a common nuisance under IC 35-48-4-13.
- (9) An offense relating to registration, labeling, and prescription forms under IC 35-48-4-14.
- (10) Conspiracy under IC 35-41-5-2 to commit an offense listed in subdivisions (1) through (9).
- (11) Attempt under IC 35-41-5-1 to commit an offense listed in subdivisions (1) through (9).
- (12) An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described under subdivisions (1) through (11).

As added by P.L.67-1990, SEC.7. Amended by P.L.1-1991, SEC.162; P.L.17-2001, SEC.5.

IC 25-1-1.1-3 Suspension or revocation of license or certificate; conviction for additional drug related offenses

Sec. 3. A board, a commission, or a committee shall revoke or suspend a license or certificate issued under this title by the board, the commission, or the committee if the individual who holds the license or certificate is convicted of any of the following:

- (1) Dealing in or manufacturing cocaine, a narcotic drug, or methamphetamine under IC 35-48-4-1.
- (2) Dealing in a schedule I, II, or III controlled substance under IC 35-48-4-2.
- (3) Dealing in a schedule IV controlled substance under IC 35-48-4-3.
- (4) Dealing in a schedule V controlled substance under IC 35-48-4-4.
- (5) Dealing in a substance represented to be a controlled substance under IC 35-48-4-5.
- (6) Knowingly or intentionally manufacturing, advertising, distributing, or possessing with intent to manufacture, advertise, or distribute a substance represented to be a controlled substance under IC 35-48-4-6.
- (7) Dealing in a counterfeit substance under IC 35-48-4-5.
- (8) Dealing in marijuana, hash oil, or hashish under IC 35-48-4-10(b).
- (9) Conspiracy under IC 35-41-5-2 to commit an offense listed in subdivisions (1) through (8).
- (10) Attempt under IC 35-41-5-1 to commit an offense listed in subdivisions (1) through (8).
- (11) An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described under subdivisions (1) through (10).

(12) A violation of any federal or state drug law or rule related to wholesale legend drug distributors licensed under IC 25-26-14.

As added by P.L.67-1990, SEC.8. Amended by P.L.182-1991, SEC.1; P.L.17-2001, SEC.6; P.L.1-2002, SEC.94.

INDIANA CODE § 25-1-1.2

Chapter 1.2. Effect of Delinquency in Child Support Payments on Licensed or Registered Persons

IC 25-1-1.2-1 "Applicant" defined

Sec. 1. As used in this chapter, "applicant" means a person who applies for:

- (1) an unlimited license, certificate, registration, or permit;
- (2) a limited or probationary license, certificate, registration, or permit;
- (3) a temporary license, certificate, registration, or permit; or
- (4) an intern permit;

issued by a board regulating a profession or an occupation.

As added by P.L.133-1995, SEC.19.

IC 25-1-1.2-2 "Board" defined

Sec. 2. As used in this chapter, "board" means an entity that regulates occupations or professions under this title and the department of education established by IC 20-19-3-1.

As added by P.L.133-1995, SEC.19. Amended by P.L. 12005, SEC. 191; P.L. 246-2005, SEC. 210.

IC 25-1-1.2-3 "Bureau" defined

Sec. 3. As used in this chapter, "bureau" means the child support bureau established by IC 12-17-2-5.

As added by P.L.133-1995, SEC.19.

IC 25-1-1.2-4 "Delinquent" defined

Sec. 4. As used in this chapter, "delinquent" means at least:

- (1) two thousand dollars (\$2,000); or
- (2) three (3) months;

past due on payment of court ordered child support.
As added by P.L.133-1995, SEC.19. Amended by P.L.23-1996, SEC.18.

IC 25-1-1.2-5 "License" defined

Sec. 5. As used in this chapter, "license" has the meaning set forth in IC 25-1-2-6.

As added by P.L.133-1995, SEC.19.

IC 25-1-1.2-6 "Practitioner" defined

Sec. 6. As used in this chapter, "practitioner" means a person that holds:

- (1) an unlimited license, certificate, registration, or permit;
- (2) a limited or probationary license, certificate, registration, or permit;
- (3) a temporary license, certificate, registration, or permit; or
- (4) an intern permit;

issued by a board regulating a profession or an occupation.

As added by P. L.133-1995, SEC.19.

IC 25-1-1.2-7 Order for suspension or denial of license; notice to practitioner; contents; reinstatement

Sec. 7. (a) Upon receiving an order of a court issued under IC 31-14-12-5 or IC 31-16-12-8 (or IC 31-1-11.5-13(k) or IC 31-6-6.1-16(k) before their repeal), the board shall:

- (1) suspend the license of the practitioner; or
- (2) deny the application of the applicant; who is the subject of the order.

(b) Upon receiving an order of a court issued under IC 31-14-12-5 or IC 31-16-12-8 (or IC 31-1-11.5-13(k) or IC 31-6-6.1-16(k) before their repeal), the board shall promptly mail a notice to the last known address of the person who is the subject of the order, stating the following:

(1) That the practitioner's license has been suspended, beginning five (5) business days after the date the notice is mailed, and that the suspension will terminate ten (10) business days after the board receives an order allowing reinstatement from the court that issued the suspension order.

(2) That the practitioner has the right to petition for reinstatement of the practitioner's license to the court that issued the order for suspension.

(c) The board may not reinstate a license suspended under this section until the board receives an order allowing reinstatement from the court that issued the order for suspension. *As added by P.L.133-1995, SEC.19. Amended by P.L.23-1996, SEC.19; P.L.1-1997, SEC.109.*

IC 25-1-1.2-8 Notice of delinquency; contents; delinquency finding; probationary status; suspension; reinstatement

Sec. 8. (a) The board shall, upon receiving an order from the bureau under IC 12-17-2-34(e), send a notice to the practitioner identified by the bureau that includes the following:

(1) Specifies that the practitioner is delinquent and is subject to an order placing the practitioner on probationary status.

(2) Describes the amount of child support that the practitioner is in arrears.

(3) Explains that unless the practitioner contacts the bureau and:

(A) pays the practitioner's child support arrearage in full;

(B) requests the activation of an income withholding order under IC 31-16-15-2 and establishes a payment plan with the bureau to pay the arrearage; or

(C) requests a hearing under IC 12-17-2-35;

within twenty (20) days after the date the notice is mailed, the board shall place the practitioner on probationary status.

(4) Explains that the practitioner may contest the bureau's determination that the practitioner is delinquent and subject to an order placing the practitioner on probationary status by making written application to the bureau within twenty (20) days after the date the notice is mailed.

(5) Explains that the only basis for contesting the bureau's determination that the practitioner is delinquent and subject to an order placing the practitioner on probationary status is a mistake of fact.

(6) Explains the procedures to:

(A) pay the practitioner's child support arrearage in full;

(B) establish a payment plan with the bureau to pay the arrearage;

(C) request the activation of an income withholding order under IC 31-16-15-2; and

(D) request a hearing under IC 12-17-2-35.

(7) Explains that the probation will terminate ten (10) business days after the board receives a notice from the bureau that the practitioner has:

(A) paid the practitioner's child support arrearage in full; or

(B) established a payment plan with the bureau to pay the arrearage and requested the activation of an income withholding order under IC 31-16-15-2.

(b) If the board is advised by the bureau that the practitioner either requested a hearing and failed to appear or appeared and was found to be delinquent, the board shall promptly mail a notice to the practitioner who is the subject of the order stating the following:

(1) That the practitioner's license has been placed on probationary status, beginning five (5) business days after the date the notice is mailed, and that the probation will terminate ten (10) business days after the board receives a notice from the bureau that the person has:

(A) paid the person's child support arrearage in full; or

(B) established a payment plan with the bureau to pay the arrearage and requested the activation of an income withholding order under IC 31-16-15-2.

(2) That if the board is advised by the bureau that the practitioner whose license has been placed on probationary status has failed to:

(A) pay the person's child support arrearage in full; or

(B) establish a payment plan with the bureau to pay the arrearage and request the activation of an income withholding order under IC 31-16-15-2

within twenty (20) days after the date the notice is mailed, the board shall suspend the practitioner's license.

(c) If the board is advised by the bureau that the practitioner whose license has been placed on probationary status has failed to:

(1) pay the person's child support arrearage in full; or

(2) establish a payment plan with the bureau to pay the arrearage and request the activation of an income withholding order under IC 31-16-15-2

within twenty (20) days after the date the notice is mailed, the board shall suspend the practitioner's license.

(d) The board may not reinstate a license or permit placed on probation or suspended under this section until the board receives a notice from the bureau that the person has:

(1) paid the person's child support arrearage in full; or

(2) established a payment plan with the bureau to pay the arrearage and requested the activation of an income withholding order under IC 31-16-15-2.

As added by P.L.133-1995, SEC.19. Amended by P.L.23-1996, SEC.20; P.L.1-1997, SEC.110.

IC 25-1-1.2-9 Repealed

(Repealed by P.L.23-1996, SEC.33.)

IC 25-1-1.2-10 Repealed

(Repealed by P.L.23-1996, SEC.33.)

INDIANA CODE § 25-1-2

Chapter 2. Renewal of Licenses Granted by State Agencies; Notice of Expiration

IC 25-1-2-1 Declaration of intent

Sec. 1. It is the declared intent of the general assembly by the enactment of this law to require those agencies which are authorized to issue the licenses designated in section 2.1 of this chapter, in the interests of efficiency and economy in the administration of government, to issue such designated permits, licenses, certificates of registration, and other evidences of compliance with statute or regulation, and renewals thereof, for periods of two (2) years duration rather than upon an annual basis, and at the time of issuance or reissuance, or at the time designated by law for the collection of fees therefor, to require the payment of such fees for a period of two (2) years rather than for one (1) year. (Formerly: Acts 1961, c.79, s.1.) As amended by P.L.1-1990, SEC.246.

IC 25-1-2-2 Repealed

(Repealed by P.L.1-1990, SEC.247.)

IC 25-1-2-2.1 Two year or longer period for certain licenses

Sec. 2.1. Rather than being issued annually, the following permits, licenses, certificates of registration, or evidences of authority granted by a state agency must be issued for a period of two (2) years or for the period specified in the article under which the permit, license, certificate of registration, or evidence of authority is issued if the period specified in the article is longer than two (2) years:

- (1) Certified public accountants, public accountants, and accounting practitioners.
- (2) Architects and landscape architects.
- (3) Dry cleaners.
- (4) Professional engineers.
- (5) Land surveyors.
- (6) Real estate brokers.
- (7) Real estate agents.
- (8) Security dealers' licenses issued by the securities commissioner.
- (9) Dental hygienists.
- (10) Dentists.
- (11) Veterinarians.
- (12) Physicians.
- (13) Chiropractors.
- (14) Physical therapists.
- (15) Optometrists.
- (16) Pharmacists and assistants, drugstores or pharmacies.
- (17) Motels and mobile home community licenses.
- (18) Nurses.
- (19) Podiatrists.
- (20) Occupational therapists and occupational therapy assistants.
- (21) Respiratory care practitioners.
- (22) Social workers, marriage and family therapists, and mental health counselors.
- (23) Real estate appraiser licenses and certificates issued by the real estate appraiser licensure and certification board.
- (24) Wholesale legend drug distributors.
- (25) Physician assistants.
- (26) Dietitians.
- (27) Hypnotists.
- (28) Athlete agents.
- (29) Manufactured home installers.
- (30) Home inspectors.

As added by P.L.1-1990, SEC.248. Amended by P.L.186-1990, SEC.1; P.L.183-1991, SEC.1; P.L.182-1991, SEC.2; P.L.25-1992, SEC.26; P.L.227-1993, SEC.2; P.L.124-1994, SEC.1; P.L.234-1995, SEC.1; P.L.175-1997, SEC.2; P.L.147-1997, SEC.5; P.L.84-

1998, SEC.1; P.L.54-2001, SEC.3; P.L.162-2002, SEC.1; P.L.145-2003, SEC.1; P.L. 87-2005, SEC. 31.

IC 25-1-2-3 Authorization to issue and reissue two year licenses

Sec. 3. Effective October 1, 1961, such licensing agencies as are authorized to issue any of the foregoing shall issue and reissue such licenses and collect the fees for the same on the basis of two (2) years and the dates by month and day which govern the issuance or reissuance of licenses for one (1) year shall govern the issuance or reissuance of licenses for two (2) years; provided, that entire fees for a two (2) year period shall be payable before issuance thereof on the day and month designated for payment of fees for one (1) year licenses.

(Formerly: Acts 1961, c.79, s.3.) As amended by Acts 1982, P.L.154, SEC.1.

IC 25-1-2-4 Rebates and proration of fees

Sec. 4. Rebates and proration of fees for fractions of a biennium shall be allowed only with respect to the second year of such license if claim be made therefor before the expiration of the first year for which the license was issued.

(Formerly: Acts 1961, c.79, s.4.)

IC 25-1-2-5 Rules and regulations

Sec. 5. Notice shall be given and forms prepared by such licensing agencies as necessary to execute the provisions of this chapter and in order to expedite and effectuate the conversion from one (1) year licensing periods to those of two (2) years, such licensing agencies may adopt and promulgate such rules and regulations they may deem necessary in the manner prescribed by law.

(Formerly: Acts 1961, c.79, s.5.) As amended by Acts 1982, P.L.154, SEC.2.

IC 25-1-2-6 Definitions; application of section; notice to licensee of need to renew

Sec. 6. (a) As used in this section, "license" includes all occupational and professional licenses, registrations, permits, and certificates issued under the Indiana Code, and "licensee" includes all occupational and professional licensees, registrants, permittees, and certificate holders regulated under the Indiana Code.

(b) This section applies to the following entities that regulate occupations or professions under the Indiana Code:

- (1) Indiana board of accountancy.
- (2) Indiana grain buyers and warehouse licensing agency.
- (3) Indiana auctioneer commission.
- (4) Board of registration for architects and landscape architects.
- (5) State board of barber examiners.
- (6) State board of cosmetology examiners.
- (7) Medical licensing board of Indiana.
- (8) Secretary of state.
- (9) State board of dentistry.
- (10) State board of funeral and cemetery service.
- (11) Worker's compensation board of Indiana.
- (12) Indiana state board of health facility administrators.
- (13) Committee of hearing aid dealer examiners.
- (14) Indiana state board of nursing.
- (15) Indiana optometry board.
- (16) Indiana board of pharmacy.
- (17) Indiana plumbing commission.
- (18) Board of podiatric medicine.
- (19) Private detectives licensing board.

- (20) State board of registration for professional engineers.
- (21) Board of environmental health specialists.
- (22) State psychology board.
- (23) Indiana real estate commission.
- (24) Speech-language pathology and audiology board.
- (25) Department of natural resources.
- (26) State boxing commission.
- (27) Board of chiropractic examiners.
- (28) Mining board.
- (29) Indiana board of veterinary medical examiners.
- (30) State department of health.
- (31) Indiana physical therapy committee.
- (32) Respiratory care committee.
- (33) Occupational therapy committee.
- (34) Social worker, marriage and family therapist, and mental health counselor board.
- (35) Real estate appraiser licensure and certification board.
- (36) State board of registration for land surveyors.
- (37) Physician assistant committee.
- (38) Indiana dietitians certification board.
- (39) Indiana hypnotist committee.
- (40) Attorney general (only for the regulation of athlete agents).
- (41) Manufactured home installer licensing board.
- (42) Home inspectors licensing board.
- (43) Any other occupational or professional agency created after June 30, 1981.

(c) Notwithstanding any other law, the entities included in subsection (b) shall send a notice of the upcoming expiration of a license to each licensee at least sixty (60) days prior to the expiration of the license. The notice must inform the licensee of the need to renew and the requirement of payment of the renewal fee. If this notice of expiration is not sent by the entity, the licensee is not subject to a sanction for failure to renew if, once notice is received from the entity, the license is renewed within forty -five (45) days of the receipt of the notice.

As added by Acts 1981, P.L.221, SEC.1. Amended by P.L.137-1985, SEC.5; P.L.246-1985, SEC.13; P.L.169-1985, SEC.22; P.L.149-1987, SEC.17; P.L.5-1988, SEC.132; P.L.28-1988, SEC.73; P.L.242-1989, SEC.4; P.L.234-1989, SEC.1; P.L.238-1989, SEC.4; P.L.186-1990, SEC.2; P.L.183-1991, SEC.2; P.L.23-1991, SEC.7; P.L.48-1991, SEC.12; P.L.2-1992, SEC.765; P.L.227-1993, SEC.3; P.L.33-1993, SEC.9; P.L.124-1994, SEC.2; P.L.175-1997, SEC.3; P.L.125-1997, SEC.17; P.L.147-1997, SEC.6; P.L.253-1997(ss), SEC.22; P.L.24-1999, SEC.2; P.L.82-2000, SEC.2; P.L.54-2001, SEC.4; P.L.162-2002, SEC.2; P.L.145-2003, SEC.2.

IC 25-12-7 Application of IC 25-12-6

Sec. 7. Section 6 of this chapter applies to the mining board (IC 22-10-1.5-2).

As added by P.L.37-1985, SEC.56.

IC 25-12-8 Application of chapter; fees

Sec. 8. This chapter applies to the imposition and collection of fees under the following:

- IC 14-24-10
- IC 16-19-5-2
- IC 25-30-1-17
- IC 33-42-2-1.

As added by P.L.5-1988, SEC.133. Amended by P.L.2-1993, SEC.135; P.L.1-1995, SEC.69; P.L.98-2004, SEC.98.

IC 25-12-9 Repealed

(Repealed by P.L. 194-2005, SEC. 87.)

INDIANA CODE § 25-1-3

Chapter 3. Civil Immunity of Regulatory Agencies

IC 25-1-3-1 Definitions

Sec. 1. (a) As used in this chapter, the term "regulatory board" means any state board, commission, or state agency which licenses persons in order to regulate the practice of a particular profession or professions.

(b) As used in this chapter, the term "board members" means members of a regulatory board.

(c) As used in this chapter, the term "secretary" means the executive secretary or other person charged with the administration of the affairs of a regulatory board.

(Formerly: Acts 1975, P.L.268, SEC.1.)

IC 25-1-3-2 Extent of immunity from civil liability

Sec. 2. The board members, the secretary, his staff, counsel, investigators and hearing officer of every regulatory board, except as provided in section 4 of this chapter, shall be immune from civil liability for damages for conduct within the scope and arising out of the performance of their duties. This section shall not be construed to include civil actions for damages not directly related to the investigative process and shall apply only to the process for the finding of fact of the regulatory board.

(Formerly: Acts 1975, P.L.268, SEC.1.)

IC 25-1-3-3 Immunity from civil liability; statements in course of investigatory hearing or review proceedings

Sec. 3. Any person shall be immune from civil liability for damages for any sworn or written statements, made without malice, and transmitted to the regulatory board, executive secretary, or his staff, or made in the course of investigatory, hearing or review proceedings.

(Formerly: Acts 1975, P.L.268, SEC.1.)

IC 25-1-3-4 Regulatory boards covered

Sec. 4. The provisions of this chapter extend to every regulatory board of the state except the disciplinary commission of the supreme court of Indiana which is protected under IC 1971, 33-2-3-1.

(Formerly: Acts 1975, P.L.268, SEC.1.)

INDIANA CODE § 25-1-4

Chapter 4. Continuing Education

IC 25-14-0.3 "Board" defined

Sec. 0.3. As used in section 3 of this chapter, "board" means any of the following:

- (1) Indiana board of veterinary medical examiners (IC 15-5-1.1).
- (2) Indiana athletic trainers board (IC 25-5.1-2-1).
- (3) Board of chiropractic examiners (IC 25-10-1).
- (4) State board of dentistry (IC 25-14-1).
- (5) Indiana dietitians certification board (IC 25-14.5-2-1).
- (6) Indiana state board of health facility administrators (IC 25-19-1).
- (7) Committee on hearing aid dealer examiners (IC 25-20-1-1.5).
- (8) Indiana hypnotist committee (IC 25-20.5-1-7).

- (9) Medical licensing board of Indiana (IC 25-22.5-2).
- (10) Indiana state board of nursing (IC 25-23-1).
- (11) Occupational therapy committee (IC 25-23.5).
- (12) Social worker, marriage and family therapist, and mental health counselor board (IC 25-23.6).
- (13) Indiana optometry board (IC 25-24).
- (14) Indiana board of pharmacy (IC 25-26).
- (15) Indiana physical therapy committee (IC 25-27-1).
- (16) Physician assistant committee (IC 25-27.5).
- (17) Board of podiatric medicine (IC 25-29-2-1).
- (18) Board of environmental health specialists (IC 25-32).
- (19) State psychology board (IC 25-33).
- (20) Respiratory care committee (IC 25-34.5).
- (21) Speech-language pathology and audiology board (IC 25-35.6-2).

As added by P.L.269-2001, SEC.2.

IC 25-14-0.6 "Practitioner" defined

Sec. 0.6. As used in section 3 of this chapter, "practitioner" means an individual who holds:

- (1) an unlimited license, certificate, or registration;
- (2) a limited or probationary license, certificate, or registration;
- (3) a temporary license, certificate, registration, or permit;
- (4) an intern permit; or
- (5) a provisional license;

issued by the board regulating the profession in question.
As added by P.L.269-2001, SEC.3.

IC 25-14-1 Requirement

Sec. 1. No board or agency regulating a profession or occupation under this title or under IC 15, IC 16, or IC 22 may require continuing education as a condition of certification, registration, or licensure unless so specifically authorized or mandated by statute.

As added by Acts 1981, P.L.222, SEC.1.

IC 25-14-2 Promotion

Sec. 2. A board or agency regulating a profession or occupation under this title or under IC 15, IC 16, or IC 22 may cooperate with members of the profession or occupation it regulates to promote continuing education within the profession or occupation.

As added by Acts 1981, P.L.222, SEC.1.

IC 25-14-3 Sworn statements of compliance; retention of copies of certificates of completion; audits

Sec. 3. (a) Notwithstanding any other law, a board that is specifically authorized or mandated to require continuing education as a condition to renew a registration, certification, or license must require a practitioner to comply with the following renewal requirements:

- (1) The practitioner shall provide the board with a sworn statement signed by the practitioner that the practitioner has fulfilled the continuing education requirements required by the board.
- (2) The practitioner shall retain copies of certificates of completion for continuing education courses for three (3) years from the end of the licensing period for which the continuing education applied. The practitioner shall provide the board with copies of the certificates of completion upon the board's request for a compliance audit.
- (b) Every two (2) years the board shall randomly audit

for compliance more than one percent (1%) but less than ten percent (10%) of the practitioners required to take continuing education courses.

As added by P.L.269-2001, SEC.4.

IC 25-14-3.2 Distance learning methods

Sec. 3.2. A board or agency regulating a profession or occupation under this title or under IC 15, IC 16, or IC 22 shall require that at least one-half (50%) of all continuing education requirements must be allowed by distance learning methods, except for doctors, nurses, chiropractors, optometrists and dentists.

As added by P.L.227-2001, SEC.1.

IC 25-14-4 Hardship waiver

Sec. 4. A board, a commission, a committee, or an agency regulating a profession or occupation under this title or under IC 15, IC 16, or IC 22 may grant an applicant a waiver from all or part of the continuing education requirement for a renewal period if the applicant was not able to fulfill the requirement due to a hardship that resulted from any of the following:

- (1) Service in the armed forces of the United States during a substantial part of the renewal period.
- (2) An incapacitating illness or injury.
- (3) Other circumstances determined by the board or agency.

As added by P.L.88-2004, SEC.1.

INDIANA CODE § 25-1-5

Chapter 5. Professional Licensing Agency

IC 25-1-5-1 Centralization of staff, functions, and services; purpose

Sec. 1. The centralization of staff, functions, and services contemplated by this chapter shall be done in such a way as to enhance the Indiana professional licensing agency's ability to:

- (1) make maximum use of data processing as a means of more efficient operation; and
- (2) provide more services and carry out functions of superior quality.

As added by Acts 1981, P.L.222, SEC.2. Amended by P.L.169-1985, SEC.23; P.L. 206-2005, SEC. 1.

IC 25-1-5-2 Definitions

Sec. 2. As used in this chapter:

- (1) "Agency" means the Indiana professional licensing agency established by section 3 of this chapter.
- (2) "Board" means any agency, board, advisory committee, or group included in section 3 of this chapter.

As added by Acts 1981, P.L. 222, SEC. 2. Amended by P.L. 206-2005, SEC. 2.

IC 25-1-5-3 Indiana professional licensing agency; functions, duties, and responsibilities

Sec. 3. (a) There is established the Indiana professional licensing agency. The agency shall perform all administrative functions, duties, and responsibilities assigned by law or rule to the executive director, secretary, or other statutory administrator of the following:

- (1) Board of chiropractic examiners (IC 25-10-1).
- (2) State board of dentistry (IC 25-14-1).

- (3) Indiana state board of health facility administrators (IC 25-19-1).
- (4) Medical licensing board of Indiana (IC 25-22.5-2).
- (5) Indiana state board of nursing (IC 25-23-1).
- (6) Indiana optometry board (IC 25-24).
- (7) Indiana board of pharmacy (IC 25-26).
- (8) Board of podiatric medicine (IC 25-29-2-1).
- (9) Board of environmental health specialists (IC 25-32).
- (10) Speech-language pathology and audiology board (IC 25-35.6-2).
- (11) State psychology board (IC 25-33).
- (12) Indiana board of veterinary medical examiners (IC 15-5-1.1).
- (13) Controlled substances advisory committee (IC 35-48-2-1).
- (14) Committee of hearing aid dealer examiners (IC 25-20).
- (15) Indiana physical therapy committee (IC 25-27).
- (16) Respiratory care committee (IC 25-34.5).
- (17) Occupational therapy committee (IC 25-23.5).
- (18) Social worker, marriage and family therapist, and mental health counselor board (IC 25-23.6).
- (19) Physician assistant committee (IC 25-27.5).
- (20) Indiana athletic trainers board (IC 25-5.1-2-1).
- (21) Indiana dietitians certification board (IC 25-14.5-2-1).
- (22) Indiana hypnotist committee (IC 25-20.5-1-7).

(b) Nothing in this chapter may be construed to give the agency policy making authority, which authority remains with each board.

As added by Acts 1981, P.L.222, SEC.2. Amended by Acts 1982, P.L.113, SEC.8; P.L.137-1985, SEC.6; P.L.169-1985, SEC.24; P.L.149-1987, SEC.18; P.L.242-1989, SEC.5; P.L.238-1989, SEC.5; P.L.186-1990, SEC.3; P.L.48-1991, SEC.13; P.L.227-1993, SEC.4; P.L.213-1993, SEC.1; P.L.33-1993, SEC.10; P.L.124-1994, SEC.3; P.L.175-1997, SEC.4; P.L.147-1997, SEC.7; P.L.84-1998, SEC.2; P.L.24-1999, SEC.3; P.L. 206-2005, SEC. 3.

IC 25-15-4 Additional duties and functions; staff

Sec. 4. (a) The agency shall employ necessary staff, including specialists and professionals, to carry out the administrative duties and functions of the boards, including but not limited to:

- (1) notice of board meetings and other communication services;
 - (2) recordkeeping of board meetings, proceedings, and actions;
 - (3) recordkeeping of all persons licensed, regulated, or certified by a board;
 - (4) administration of examinations; and
 - (5) administration of license or certificate issuance or renewal.
- (b) In addition the agency:
- (1) shall prepare a consolidated statement of the budget requests of all the boards in section 3 of this chapter;
 - (2) may coordinate licensing or certification renewal cycles, examination schedules, or other routine activities to efficiently utilize agency staff, facilities, and transportation resources, and to improve accessibility of board functions to the public; and
 - (3) may consolidate, where feasible, office space, recordkeeping, and data processing services.

(c) In administering the renewal of licenses or certificates under this chapter, the agency shall send a notice of the upcoming expiration of a license or certificate to each holder of a license or certificate at least sixty (60) days before the expiration of the license or certificate. The notice must inform the holder of the

license or certificate of the need to renew and the requirement of payment of the renewal fee. If this notice of expiration is not sent by the agency, the holder of the license or certificate is not subject to a sanction for failure to renew if, once notice is received from the agency, the license or certificate is renewed within forty-five (45) days after receipt of the notice.

(d) In administering an examination for licensure or certification, the agency shall make the appropriate application forms available at least thirty (30) days before the deadline for submitting an application to all persons wishing to take the examination.

(e) The agency may require an applicant for license renewal to submit evidence proving that:

- (1) the applicant continues to meet the minimum requirements for licensure; and
- (2) the applicant is not in violation of:
 - (A) the statute regulating the applicant's profession; or
 - (B) rules adopted by the board regulating the applicant's profession.

(f) The agency shall process an application for renewal of a license or certificate:

- (1) not later than ten (10) days after the agency receives all required forms and evidence; or
- (2) within twenty-four (24) hours after the time that an applicant for renewal appears in person at the agency with all required forms and evidence.

This subsection does not require the agency to issue a renewal license or certificate to an applicant if subsection (g) applies.

(g) The agency may delay issuing a license renewal for up to ninety (90) days after the renewal date for the purpose of permitting the board to investigate information received by the agency that the applicant for renewal may have committed an act for which the applicant may be disciplined. If the agency delays issuing a license renewal, the agency shall notify the applicant that the applicant is being investigated. Except as provided in subsection (h), before the end of the ninety (90) day period, the board shall do one (1) of the following:

- (1) Deny the license renewal following a personal appearance by the applicant before the board.
- (2) Issue the license renewal upon satisfaction of all other conditions for renewal.
- (3) Issue the license renewal and file a complaint under IC 25-1-7.
- (4) Request the office of the attorney general to conduct an investigation under subsection (i) if, following a personal appearance by the applicant before the board, the board has good cause to believe that there has been a violation of IC 25-1-9-4 by the applicant.

5) Upon agreement of the applicant and the board and following a personal appearance by the applicant before the board, renew the license and place the applicant on probation status under IC 25-1-9-9.

(h) If an individual fails to appear before the board under subsection (g), the board may take action on the applicant's license allowed under subsection (g)(1), (g)(2) or (g)(3).

(i) If the board makes a request under subsection (g)(4), the office of the attorney general shall conduct an investigation. Upon completion of the investigation, the office of the attorney general may file a petition alleging that the applicant has engaged in activity described in IC 25-1-9-4. If the office of the attorney general files a petition, the board shall set the matter for a hearing. If, after the hearing, the board finds the practitioner violated IC 25-1-9-4, the board may impose sanctions under IC 25-1-9-9. The board may delay issuing the renewal beyond the ninety (90) days after the renewal date until a final determination is made by the board. The applicant's license remains valid until the final determination of the board is rendered unless the renewal is denied or the license is summarily suspended under IC 25-1-9-10.

(j) The license of the applicant for a license renewal remains valid during the ninety (90) day period unless the license renewal is denied following a personal appearance by the applicant before the board before the end of the ninety (90) day period. If the ninety (90) day period expires without action by the board, the license shall be automatically renewed at the end of the ninety (90) day period.

(k) Notwithstanding any other statute, the agency may stagger license or certificate renewal cycles. However, if a renewal cycle for a specific board or committee is changed, the agency must obtain the approval of the affected board or committee.

(l) An application for a license, certificate, registration, or permit is abandoned without an action of the board, if the applicant does not complete the requirements to complete the application within one (1) year after the date on which the application was filed. However, the board may, for good cause shown, extend the validity of the application for additional thirty (30) day periods. An application submitted after the abandonment of an application is considered a new application.

As added by Acts 1981, P.L.222, SEC.2. Amended by P.L.169-1985, SEC.25; P.L.149-1987, SEC.19; P.L.22-1999, SEC.1; P.L.44-2000, SEC.1; P.L.75-2002, SEC.1; P.L. 206-2005, SEC. 4.

IC 25-15-5 Executive Director

Sec. 5. (a) The agency shall be administered by an executive director appointed by the governor who shall serve at the will and pleasure of the governor.

(b) The executive director must be qualified by experience and training.

(c) The term "executive director" or "secretary", or any other statutory term for the administrative officer of a board listed in section 3 of this chapter, means the executive director of the agency or the executive director's designee.

(d) The executive director is the chief fiscal officer of the agency and is responsible for hiring of all staff, and for procurement of all services and supplies in accordance with IC 5-22. The executive director and the employees of the agency are subject to IC 4-15-1.8 but are not under IC 4-15-2. The executive director may appoint not to exceed three (3) deputy directors, who must be qualified to work for the boards which are served by the agency.

(e) The executive director shall execute a bond payable to the state, with surety to consist of a surety or guaranty corporation qualified to do business in Indiana, in an amount fixed by the state board of accounts, conditioned upon the faithful performance of duties and the accounting for all money and property that come into the executive director's hands or under the executive director's control. The executive director may likewise cause any employee of the agency to execute a bond if that employee receives, disburses, or in any way handles funds or property of the agency. The costs of any such bonds shall be paid from funds available to the agency.

(f) The executive director may present to the general assembly legislative recommendations regarding operations of the agency and the boards it serves, including adoption of four (4) year license or certificate renewal cycles wherever feasible.

(g) The executive director may execute orders, subpoenas, continuances, and other legal documents on behalf of a board or committee when requested to do so by the board or committee.

(h) The executive director or the executive director's designee may, upon request of a board or committee, provide advice and technical assistance on issues that may be presented to the boards or committees.

As added by Acts 1981, P.L.222, SEC.2. Amended by Acts 1982, P.L.113, SEC.9; P.L.169-1985, SEC.26; P.L.149-1987, SEC.20; P.L.48-1991, SEC.14; P.L.49-1997, SEC.63; P.L. 206-2005, SEC. 5.

IC 25-15-6 Executive director; representatives; staff placement

Sec. 6. (a) The executive director may designate certain employees of the agency to represent the executive director of the agency at the board meetings, proceedings, or other activities of the board.

(b) The executive director shall assign staff to individual boards and shall work with the boards to ensure efficient utilization and placement of staff.

As added by Acts 1981, P.L.222, SEC.2. Amended by P.L.169-1985, SEC.27; P.L. 206-2005, SEC. 6.

IC 25-15-7 Repealed

(Repealed by P.L.186-1990, SEC.17.)

IC 25-15-8 Repealed

(Repealed by P.L. 206-2005, SEC. 15)

IC 25-15-9 Submission of certified document as proof of required diploma

Sec. 9. If a board or committee requires an applicant for a certificate or license to submit a certified copy of a diploma showing that the applicant graduated from a school or program as a condition for certification or licensure, the applicant may satisfy this requirement by submitting another certified document that shows that the applicant graduated from or received the required diploma from the applicable school or program.

As added by P.L.177-1996, SEC.1.

IC 25-15-10 Provider profiles

Sec. 10. (a) As used in this section, "provider" means an individual licensed, certified, registered, or permitted by any of the following:

- (1) Board of chiropractic examiners (IC 25-10-1).
- (2) State board of dentistry (IC 25-14-1).
- (3) Indiana state board of health facility administrators (IC 25-19-1).
- (4) Medical licensing board of Indiana (IC 25-22.5-2).
- (5) Indiana state board of nursing (IC 25-23-1).
- (6) Indiana optometry board (IC 25-24).
- (7) Indiana board of pharmacy (IC 25-26).
- (8) Board of podiatric medicine (IC 25-29-2-1).
- (9) Board of environmental health specialists (IC 25-32-1).
- (10) Speech-language pathology and audiology board (IC 25-35.6-2).
- (11) State psychology board (IC 25-33).
- (12) Indiana board of veterinary medical examiners (IC 15-5-1.1).
- (13) Indiana physical therapy committee (IC 25-27).
- (14) Respiratory care committee (IC 25-34.5).
- (15) Occupational therapy committee (IC 25-23.5).
- (16) Social worker, marriage and family therapist, and mental health counselor board (IC 25-23.6).
- (17) Physician assistant committee (IC 25-27.5).
- (18) Indiana athletic trainers board (IC 25-5.1-2-1).
- (19) Indiana dietitians certification board (IC 25-14.5-2-1).
- (20) Indiana hypnotist committee (IC 25-20.5-1-7).

(b) The agency shall create and maintain a provider profile for each provider described in subsection (a).

(c) A provider profile must contain the following information:

- (1) The provider's name.
- (2) The provider's license, certification, registration, or permit number.
- (3) The provider's license, certification, registration, or permit type.
- (4) The date the provider's license, certification, registration, or permit was issued.

- (5) The date the provider's license, certification, registration, or permit expires.
 - (6) The current status of the provider's license, certification, registration, or permit.
 - (7) The provider's city and state of record.
 - (8) A statement of any disciplinary action taken against the provider within the previous ten (10) years by a board or committee described in subsection (a).
 - (d) The agency shall make provider profiles available to the public.
 - (e) The computer gateway administered by the office of technology established by IC 4-13.1-2-1 shall make the information described in subsection (c)(1), (c)(2), (c)(3), (c)(6), (c)(7), and (c)(8) generally available to the public on the Internet.
 - (f) The agency may adopt rules under IC 4-22-2 to implement this section.
- As added by P.L.211-2001, SEC.1. Amended by P.L. 177-2005, SEC. 45; P.L. 206-2005, SEC. 7.*

INDIANA CODE § 25-1-6

Chapter 6. Professional Licensing Agency

IC 25-1-6-1 Legislative intent

Sec. 1. The centralization of staff, functions, and services contemplated by this chapter shall be done in such a way as to enhance the licensing agency's ability to:

- (1) make maximum use of data processing as a means of more efficient operation;
- (2) provide more services and carry out functions of superior quality; and
- (3) ultimately and significantly reduce the number of staff needed to provide these services and carry out these functions.

As added by Acts 1981, P.L.222, SEC.3. Amended by P.L.132-1984, SEC.2; P.L. 194-2005, SEC. 1.

IC 25-1-6-2 Definitions

Sec. 2. As used in this chapter:
"Board" means any agency, board, advisory committee, or group included in section 3 of this chapter.

"Licensing agency" means the Indiana professional licensing agency created by IC 25-1-5-3.

As added by Acts 1981, P.L.222, SEC.3. Amended by P.L.132-1984, SEC.3; P.L. 206-2005, SEC. 8.

IC 25-1-6-3 Indiana professional licensing agency; functions, duties, and responsibilities

Sec. 3. (a) The licensing agency shall perform all administrative functions, duties, and responsibilities assigned by law or rule to the executive director, secretary, or other statutory administrator of the following:

- (1) Indiana board of accountancy (IC 25-2.1-2-1).
- (2) Board of registration for architects and landscape architects (IC 25-4-1-2).
- (3) Indiana auctioneer commission (IC 25-6.1-2-1).
- (4) State board of barber examiners (IC 25-7-5-1).
- (5) State boxing commission (IC 25-9-1).
- (6) State board of cosmetology examiners (IC 25-8-3-1).
- (7) State board of funeral and cemetery service (IC 25-15-9).
- (8) State board of registration for professional engineers (IC 25-31-1-3).

- (9) Indiana plumbing commission (IC 25-28.5-1-3).
- (10) Indiana real estate commission (IC 25-34.1).
- (11) Real estate appraiser licensure and certification board (IC 25-34.1-8-1).
- (12) Private detectives licensing board (IC 25-30-1-5.1).
- (13) State board of registration for land surveyors (IC 25-21.5-2-1).
- (14) Manufactured home installer licensing board (IC 25-23.7).
- (15) Home inspectors licensing board (IC 25-20.2-3-1).
- (b) Nothing in this chapter may be construed to give the

licensing agency policy making authority, which remains with each board.

As added by Acts 1981, P.L.222, SEC.3. Amended by Acts 1982, P.L. 113, SEC.10; P.L.132-1984, SEC.4; P.L.246-1985, SEC.14; P.L.257-1987, SEC.14; P.L.234-1989, SEC.2; P.L.186-1990, SEC.4; P.L.23-1991, SEC.8; P.L.48-1991, SEC.15; P.L.1-1992, SEC.129; P.L.30-1993, SEC.4; P.L.234-1995, SEC.2; P.L.82-2000, SEC.3; P.L.227-2001, SEC.3; P.L.162-2002, SEC.3; P.L.145-2003, SEC.3; P.L. 194-2005, SEC. 2; P.L. 206-2005, SEC. 9.

IC 25-1-6-4 Additional duties and functions; staff

Sec. 4. (a) The licensing agency shall employ necessary staff, including specialists and professionals, to carry out the administrative duties and functions of the boards, including but not limited to:

- (1) notice of board meetings and other communication services;
- (2) recordkeeping of board meetings, proceedings, and actions;
- (3) recordkeeping of all persons or individuals licensed, regulated, or certified by a board;
- (4) administration of examinations; and
- (5) administration of license or certificate issuance or renewal.

(b) In addition, the licensing agency:

- (1) shall prepare a consolidated statement of the budget requests of all the boards in section 3 of this chapter;

- (2) may coordinate licensing or certification renewal cycles, examination schedules, or other routine activities to efficiently utilize licensing agency staff, facilities, and transportation resources, and to improve accessibility of board functions to the public; and
- (3) may consolidate, where feasible, office space, recordkeeping, and data processing services.

(c) In administering the renewal of licenses or certificates under this chapter, the licensing agency shall issue a sixty (60) day notice of expiration to all holders of a license or certificate. The notice must inform the holder of a license or certificate of the requirements to:

- (1) renew the license or certificate; and
- (2) pay the renewal fee.

(d) If the licensing agency fails to send notice of expiration under subsection (c), the holder of the license or certificate is not subject to a sanction for failure to renew if the holder renews the license or certificate not more than forty-five (45) days after the holder receives the notice from the licensing agency.

(e) The licensing agency may require an applicant for a license or certificate renewal to submit evidence showing that the applicant:

- (1) meets the minimum requirements for licensure or certification; and
- (2) is not in violation of:
 - (A) the law regulating the applicant's profession; or
 - (B) rules adopted by the board regulating the applicant's profession.

(f) The licensing agency may delay renewing a license or certificate for not more than ninety (90) days after the renewal

date to permit the board to investigate information received by the licensing agency that the applicant for renewal may have committed an act for which the applicant may be disciplined. If the licensing agency delays renewing a license or certificate, the licensing agency shall notify the applicant that the applicant is being investigated. Except as provided in subsection (g), the board shall do one (1) of the following before the expiration of the ninety (90) day period:

- (1) Deny renewal of the license or certificate following a personal appearance by the applicant before the board.
- (2) Renew the license or certificate upon satisfaction of all other requirements for renewal.
- (3) Renew the license and file a complaint under IC 25-1-7.
- (4) Request the office of the attorney general to conduct an investigation under subsection (h) if, following a personal appearance by the applicant before the board, the board has good cause to believe that the applicant engaged in activity described in IC 25-1-11-5.
- (5) Upon agreement of the applicant and the board and following a personal appearance by the applicant before the board, renew the license or certificate and place the applicant on probation status under IC 25-1-11-12.
- (g) If an applicant fails to appear before the board under subsection (f), the board may take action as provided in subsection (f)(1), (f)(2), or (f)(3).
- (h) If the board makes a request under subsection (f)(4), the office of the attorney general shall conduct an investigation. Upon completion of the investigation, the office of the attorney general may file a petition alleging that the applicant has engaged in activity described in IC 25-1-11-5. If the office of the attorney general files a petition, the board shall set the matter for a public hearing. If, after a public hearing, the board finds the applicant violated IC 25-1-11-5, the board may impose sanctions under IC 25-1-11-12. The board may delay renewing a license or certificate beyond ninety (90) days after the renewal date until a final determination is made by the board. The applicant's license or certificate remains valid until the final determination of the board is rendered unless the renewal is:

- (1) denied; or
- (2) summarily suspended under IC 25-1-11-13.

(i) The license or certificate of the applicant for license renewal remains valid during the ninety (90) day period unless the license or certificate is denied following a personal appearance by the applicant before the board before the end of the ninety (90) day period. If the ninety (90) day period expires without action by the board, the license or certificate shall be automatically renewed at the end of the ninety (90) day period.

(j) Notwithstanding any other law, the licensing agency may stagger license or certificate renewal cycles.

(k) An application for a license or certificate is abandoned without an action by the board if the applicant does not complete the requirements for obtaining the license or certificate not more than one (1) year after the date on which the application was filed. However, the board may, for good cause shown, extend the validity of the application for additional thirty (30) day periods. An application submitted after the abandonment of an application is considered a new application.

As added by Acts 1981, P.L.222, SEC.3. Amended by P.L.132-1984, SEC.5; P.L. 194-2005, SEC. 3.

IC 25-1-6-5 Executive director

Sec. 5. (a) The licensing agency shall be administered by an executive director appointed by the governor who shall serve at the will and pleasure of the governor.

(b) The executive director must be qualified by experience and training.

(c) The term "executive director" or "secretary", or any other statutory term for the administrative officer of a board listed in section 3 of this chapter, means the executive director of the licensing agency or the executive director's designee.

(d) The executive director is the chief fiscal officer of the licensing agency and is responsible for hiring of all staff and for procurement of all services and supplies in accordance with IC 5-22. The executive director and the employees of the licensing agency are subject to IC 4-15-1.8 but are not under IC 4-15-2. The executive director may appoint no more than three (3) deputy directors, who must be qualified to work for the boards which are served by the licensing agency.

(e) The executive director shall execute a bond payable to the state, with surety to consist of a surety or guaranty corporation qualified to do business in Indiana, in an amount fixed by the state board of accounts, conditioned upon the faithful performance of duties and the accounting for all money and property that come into the executive director's hands or under the executive director's control. The executive director may likewise cause any employee of the licensing agency to execute a bond if that employee receives, disburses, or in any way handles funds or property of the licensing agency. The costs of any such bonds shall be paid from funds available to the licensing agency.

(f) The executive director may present to the general assembly legislative recommendations regarding operations of the licensing agency and the boards it serves, including adoption of four (4) year license or certificate renewal cycles wherever feasible.

(g) Upon the request of a board or commission, the executive director may execute orders, subpoenas, continuances, and other legal documents on behalf of the board or commission.

(h) Upon the request of a board or commission, the executive director may provide advice and technical assistance on issues that may be presented to the board or commission.
As added by Acts 1981, P.L.222, SEC.3. Amended by Acts 1982, P.L.113, SEC.11; P.L.132-1984, SEC.6; P.L.49-1997, SEC.64; P.L. 194-2005, SEC. 4.

IC 25-1-6-5.5 Appeal of license renewal denial

Sec. 5.5. A person who has a license renewal denied by a board listed in section 3 of this chapter may file an appeal of the denial in accordance with IC 4-21-5-3.

As added by P.L.227-2001, SEC.4. Amended by P.L.1-2002, SEC.95; P.L. 194-2005, SEC. 5.

IC 25-1-6-6 Executive director; representatives; staff placement

Sec. 6. (a) The executive director shall designate certain employees of the licensing agency to represent the executive director of the licensing agency at board meetings, proceedings, or any other activities of a board.

(b) The executive director shall assign staff to individual boards and shall work with the boards to ensure efficient utilization and placement of staff.

As added by Acts 1981, P.L.222, SEC.3. Amended by P.L.132-1984, SEC.7.

IC 25-1-6-7 Repealed

(Repealed by P.L.186-1990, SEC.17.)

IC 25-1-6-8 Department of state revenue; access to names of licensees and applicants; persons on tax warrant list

Sec. 8. (a) The bureau and the boards may allow the department of state revenue access to the name of each person who:

- (1) is licensed under this chapter or IC 25-1-5; or
- (2) has applied for a license under this chapter or IC 25-1-5.

(b) If the department of state revenue notifies the

licensing agency that a person is on the most recent tax warrant list, the licensing agency may not issue or renew the person's license until:

- (1) the person provides to the licensing agency a statement from the department of revenue that the person's delinquent tax liability has been satisfied; or
- (2) the licensing agency receives a notice from the commissioner of the department of state revenue under IC 6-8.1-8-2(k).

As added by P.L.26-1985, SEC.20. Amended by P.L.332-1989(ss), SEC.46; P.L. 2-2005, SEC. 63; P.L. 206-2005, SEC. 10.

IC 25-16-9 Repealed

(Repealed by P.L.186-1990, SEC.17.)

INDIANA CODE § 25-1-7

Chapter 7. Investigation and Prosecution of Complaints Concerning Regulated Occupations

IC 25-1-7-1 Definitions

Sec. 1. As used in this chapter: "Board" means the appropriate agency listed in the definition of regulated occupation in this section.

"Director" refers to the director of the division of consumer protection.

"Division" refers to the division of consumer protection, office of the attorney general.

"Licensee" means a person who is:

- (1) licensed, certified, or registered by a board listed in this section; and
- (2) the subject of a complaint filed with the division.

"Person" means an individual, a partnership, a limited liability company, or a corporation.

"Regulated occupation" means an occupation in which a person is licensed, certified, or registered by one (1) of the following:

- (1) Indiana board of accountancy (IC 25-2.1-2-1).
- (2) Board of registration for architects and landscape architects (IC 25-4-1-2).
- (3) Indiana auctioneer commission (IC 25-6.1-2-1).
- (4) State board of barber examiners (IC 25-7-5-1).
- (5) State boxing commission (IC 25-9-1).
- (6) Board of chiropractic examiners (IC 25-10-1).
- (7) State board of cosmetology examiners (IC 25-8-3-1).
- (8) State board of dentistry (IC 25-14-1).
- (9) State board of funeral and cemetery service (IC 25-15-9).
- (10) State board of registration for professional engineers (IC 25-31-1-3).
- (11) Indiana state board of health facility administrators (IC 25-19-1).
- (12) Medical licensing board of Indiana (IC 25-22.5-2).
- (13) Indiana state board of nursing (IC 25-23-1).
- (14) Indiana optometry board (IC 25-24).
- (15) Indiana board of pharmacy (IC 25-26).
- (16) Indiana plumbing commission (IC 25-28.5-1-3).
- (17) Board of podiatric medicine (IC 25-29-2-1).

(18) Board of environmental health specialists (IC 25-32-1).

(19) State psychology board (IC 25-33).

(20) Speech-language pathology and audiology board (IC 25-35.6-2).

(21) Indiana real estate commission (IC 25-34.1-2).

(22) Indiana board of veterinary medical examiners (IC 15-5-1.1).

(23) Department of natural resources for purposes of licensing water well drillers under IC 25-39-3.

(24) Respiratory care committee (IC 25-34.5).

(25) Private detectives licensing board (IC 25-30-1-5.1).

(26) Occupational therapy committee (IC 25-23.5).

(27) Social worker, marriage and family therapist, and mental health counselor board (IC 25-23.6).

(28) Real estate appraiser licensure and certification board (IC 25-34.1-8).

(29) State board of registration for land surveyors (IC 25-21.5-2-1).

(30) Physician assistant committee (IC 25-27.5).

(31) Indiana athletic trainers board (IC 25-5.1-2-1).

(32) Indiana dietitians certification board (IC 25-14.5-2-1).

(33) Indiana hypnotist committee (IC 25-20.5-1-7).

(34) Indiana physical therapy committee (IC 25-27).

(35) Manufactured home installer licensing board (IC 25-23.7).

(36) Home inspectors licensing board (IC 25-20.2-3-1).

(37) Any other occupational or professional agency created after June 30, 1981.

As added by Acts 1981, P.L.222, SEC.4. Amended by Acts 1982, P.L.113, SEC.12; P.L.137-1985, SEC.7; P.L.246-1985, SEC.15; P.L.169-1985, SEC.29; P.L.149-1987, SEC.21; P.L.257-1987, SEC.15; P.L.242-1989, SEC.6; P.L.234-1989, SEC.3; P.L.238-1989, SEC.6; P.L.1-1990, SEC.249; P.L.186-1990, SEC.5; P.L.183-1991, SEC.3; P.L.23-1991, SEC.9; P.L.48-1991, SEC.16; P.L.1-1992, SEC.130; P.L.30-1993, SEC.5; P.L.227-1993, SEC.5; P.L.213-1993, SEC.2; P.L.8-1993, SEC.371; P.L.33-1993, SEC.11; P.L.1-1994, SEC.120; P.L.124-1994, SEC.4; P.L.234-1995, SEC.3; P.L.175-1997, SEC.5; P.L.147-1997, SEC.8; P.L.84-1998, SEC.3; P.L.24-1999, SEC.4; P.L.82-2000, SEC.4; P.L.162-2002, SEC.4; P.L.145-2003, SEC.4.

IC 25-1-7-2 Duties of attorney general

Sec. 2. The office of the attorney general, under the conditions specified in this chapter, may receive, investigate, and prosecute complaints concerning regulated occupations.

As added by Acts 1981, P.L.222, SEC.4.

IC 25-1-7-3 Investigation of complaints

Sec. 3. The division is responsible for the investigation of complaints concerning licensees.

As added by Acts 1981, P.L.222, SEC.4.

IC 25-1-7-4 Complaints; requisites; standing

Sec. 4. All complaints must be written and signed by the complainant and initially filed with the director. Except for employees of the attorney general's office acting in their official capacity, a complaint may be filed by any person, including members of any of the boards listed in section 1 of this chapter. *As added by Acts 1981, P.L.222, SEC.4.*

IC 25-1-7-5 Duties and powers of director

- Sec. 5. (a) Subsection (b)(1) does not apply to:
- (1) a complaint filed by:
 - (A) a member of any of the boards listed in section 1 of this chapter; or
 - (B) the Indiana professional licensing agency; or
 - (2) a complaint filed under IC 25-1-5-4.
- (b) The director has the following duties and powers:
- (1) The director shall make an initial determination as to the merit of each complaint. A copy of a complaint having merit shall be submitted to the board having jurisdiction over the licensee's regulated occupation that board thereby acquiring jurisdiction over the matter except as otherwise provided in this chapter.
 - (2) The director shall through any reasonable means notify the licensee of the nature and ramifications of the complaint and of the duty of the board to attempt to resolve the complaint through negotiation.
 - (3) The director shall report any pertinent information regarding the status of the complaint to the complainant.
 - (4) The director may investigate any written complaint against a licensee. The investigation shall be limited to those areas in which there appears to be a violation of statutes governing the regulated occupation.
 - (5) The director has the power to subpoena witnesses and to send for and compel the production of books, records, papers, and documents for the furtherance of any investigation under this chapter. The circuit or superior court located in the county where the subpoena is to be issued shall enforce any such subpoena by the director.

As added by Acts 1981, P.L.222, SEC.4. Amended by P.L.22-1999, SEC.2; P.L.14-2000, SEC.55; P.L. 206-2005, SEC. 11.

IC 25-1-7-6 Statement of settlement; period of time to resolve

- Sec. 6. (a) This section does not apply to:
- (1) a complaint filed by:
 - (A) a member of any of the boards listed in section 1 of this chapter; or
 - (B) the Indiana professional licensing agency; or
 - (2) a complaint filed under IC 25-1-5-4.
- (b) If, at any time before the director files the director's recommendations with the attorney general, the board files with the director a statement signed by the licensee and the complainant that the complaint has been resolved, the director shall not take further action. For a period of thirty (30) days after the director has notified the board and the licensee that a complaint has been filed, the division shall not conduct any investigation or take any action whatsoever, unless requested by the board. If, during the thirty (30) days, the board requests an extension of the thirty (30) day time period, the director shall grant it for a period not exceeding an additional twenty (20) days. If at any time during the thirty (30) day period or an extension thereof, the board notifies the director of its intention not to proceed further to resolve the complaint, the division may proceed immediately under this chapter. For every purpose of this section, a board may designate a board member or staff member to act on behalf of or in the name of the board.

As added by Acts 1981, P.L.222, SEC.4. Amended by P.L.22-1999, SEC.3; P.L. 206-2005, SEC. 12.

IC 25-1-7-7 Disciplinary sanctions; report to attorney general; prosecution; hearing officer

Sec. 7. (a) If there has been no statement of settlement filed by the board under section 6 of this chapter, and if, after conducting an investigation, the director believes that the licensee should be subjected to disciplinary sanctions by the board of his regulated occupation, then he shall so report to the attorney general. Upon receiving the director's report, the attorney general may prosecute the matter, on behalf of the state of Indiana, before the board. The board may designate any person as a hearing officer to hear the matter.

(b) Notwithstanding subsection (a) of this section, if the board by majority vote so requests, the attorney general shall prosecute the matter before the board, on behalf of the state of Indiana.

As added by Acts 1981, P.L.222, SEC.4.

IC 25-1-7-8 Witnesses

Sec. 8. At the hearing, the board or hearing officer may call witnesses in addition to those presented by the state or the licensee.

As added by Acts 1981, P.L.222, SEC.4.

IC 25-1-7-9 Disqualification of board member

Sec. 9. A board member is disqualified from any consideration of the case if the board member filed the complaint or participated in negotiations regarding the complaint. The board member is not disqualified from the board's final determination solely because the board member was the hearing officer or determined the complaint and the information pertaining to the complaint was current significant investigative information (as defined by IC 25-23.2-1-5).

As added by Acts 1981, P.L.222, SEC.4. Amended by P.L.181-2002, SEC.1.

IC 25-1-7-10 Confidentiality of complaints and information

Sec. 10. (a) All complaints and information pertaining to the complaints shall be held in strict confidence until the attorney general files notice with the board of the attorney general's intent to prosecute the licensee.

(b) A person in the employ of the office of attorney general or any of the boards, or any person not a party to the complaint, may not disclose or further a disclosure of information concerning the complaint unless the disclosure is required:

- (1) under law; or
- (2) for the advancement of an investigation.

(c) Notwithstanding subsections (a) and (b), under IC 25-23.2 the state board of nursing may disclose to the coordinated licensure information system (as defined by IC 25-23.2-1-4) complaints and information concerning complaints that the board determines to be current significant investigative information (as defined by IC 25-23.2-1-5).

As added by Acts 1981, P.L.222, SEC.4. Amended by P.L.181-2002, SEC.2.

IC 25-1-7-11 Administrative orders and procedures

Sec. 11. Nothing in this chapter limits the rights of the licensee or the state under IC 4-21.5.

As added by Acts 1981, P.L.222, SEC.4. Amended by P.L.7-1987, SEC.110.

IC 25-1-7-12 Reimbursement of attorney general

Sec. 12. (a) If:
 (1) a fund is created by statute for the payment of an unpaid judgment against a licensee; and
 (2) the office of the attorney general is required by statute to provide services to the boards that administer the funds described in subdivision (1);
 the office of the attorney general is entitled to reimbursement for the costs incurred in providing the services described in subdivision (2).
 (b) If:
 (1) more than one (1) fund is established by statute for the payment of an unpaid judgment against a licensee; and
 (2) the office of the attorney general is entitled to reimbursement under subsection (a);
 the funds for reimbursement shall be taken in equal amounts from each of the funds described in subdivision (1).
As added by P.L.255-1987, SEC.1.

IC 25-1-7-13 Reports; contents

Sec. 13. The office of the attorney general shall submit to each board, at the request of the board, a report that includes the following information concerning that regulated occupation:
 (1) The number of complaints filed.
 (2) The number of cases currently under investigation.
 (3) The number of cases closed.
 (4) The number of cases resolved.
 (5) The age of the complaints.
As added by P.L.177-1997, SEC.1.

INDIANA CODE § 25-1-8

Chapter 8. Occupational and Professional Licensure, Registration, and Certification Fees

IC 25-1-8-1 "Board" defined

Sec. 1. As used in this chapter, "board" means any of the following:
 (1) Indiana board of accountancy (IC 25-2.1-2-1).
 (2) Board of registration for architects and landscape architects (IC 25-4-1-2).
 (3) Indiana auctioneer commission (IC 25-6.1-2-1).
 (4) State board of barber examiners (IC 25-7-5-1).
 (5) State boxing commission (IC 25-9-1).
 (6) Board of chiropractic examiners (IC 25-10-1).
 (7) State board of cosmetology examiners (IC 25-8-3-1).
 (8) State board of dentistry (IC 25-14-1).
 (9) State board of funeral and cemetery service (IC 25-15).
 (10) State board of registration for professional engineers (IC 25-31-1-3).
 (11) Indiana state board of health facility administrators (IC 25-19-1).
 (12) Medical licensing board of Indiana (IC 25-22.5-2).
 (13) Mining board (IC 22-10-1.5-2).
 (14) Indiana state board of nursing (IC 25-23-1).
 (15) Indiana optometry board (IC 25-24).
 (16) Indiana board of pharmacy (IC 25-26).
 (17) Indiana plumbing commission (IC 25-28.5-1-3).
 (18) Board of environmental health specialists (IC 25-32-1).
 (19) State psychology board (IC 25-33).
 (20) Speech-language pathology and audiology board (IC 25-35.6-2).
 (21) Indiana real estate commission (IC 25-34.1-2-1).
 (22) Indiana board of veterinary medical examiners (IC 15-5-1.1-3).
 (23) Department of insurance (IC 27-1).
 (24) State police department (IC 10-11-2-4), for purposes of certifying polygraph examiners under IC 25-30-2

(25) Department of natural resources for purposes of licensing water well drillers under IC 25-39-3.
 (26) Private detectives licensing board (IC 25-30-1.5-1).
 (27) Occupational therapy committee (IC 25-23.5-2-1).
 (28) Social worker, marriage and family therapist, and mental health counselor board (IC 25-23.6-2-1).
 (29) Real estate appraiser licensure and certification board (IC 25-34.1-8).
 (30) State board of registration for land surveyors (IC 25-21.5-2-1).
 (31) Physician assistant committee (IC 25-27.5).
 (32) Indiana athletic trainers board (IC 25-5.1-2-1).
 (33) Board of podiatric medicine (IC 25-29-2-1).
 (34) Indiana dietitians certification board (IC 25-14.5-2-1).
 (35) Indiana physical therapy committee (IC 25-27).
 (36) Manufactured home installer licensing board (IC 25-23.7).
 (37) Home inspectors licensing board (IC 25-20.2-3-1).
 (38) Any other occupational or professional agency created after June 30, 1981.

As added by Acts 1981, P.L.223, SEC.1. Amended by P.L.250-1983, SEC.1; P.L.246-1985, SEC.16; P.L.169-1985, SEC.30; P.L.19-1986, SEC.42; P.L.149-1987, SEC.22; P.L.257-1987, SEC.16; P.L.3-1989, SEC.144; P.L.234-1989, SEC.4; P.L.186-1990, SEC.6; P.L.183-1991, SEC.4; P.L.23-1991, SEC.10; P.L.48-1991, SEC.17; P.L.1-1992, SEC.131; P.L.30-1993, SEC.6; P.L.33-1993, SEC.12; P.L.213-1993, SEC.3; P.L.227-1993, SEC.6; P.L.1-1994, SEC.121; P.L.124-1995, SEC.5; P.L.234-1995, SEC.4; P.L.147-1997, SEC.9; P.L.84-1998, SEC.4; P.L.24-1999, SEC.5; P.L.82-2000, SEC.5; P.L.162-2002, SEC.5; P.L.2-2003, SEC.64; P.L.145-2003, SEC.5.

IC 25-1-8-1.1 Repealed

(Repealed by P.L.19-1986, SEC.43.)

IC 25-1-8-2 Fees; establishment and collection

Sec. 2. (a) Notwithstanding any other provision regarding the fees to be assessed by a board, a board shall establish by rule and cause to be collected fees for the following:

- (1) Examination of applicants for licensure, registration, or certification.
- (2) Issuance, renewal, or transfer of a license, registration, or certificate.
- (3) Restoration of an expired license, registration, or certificate when such action is authorized by law.
- (4) Issuance of licenses by reciprocity or endorsement for out-of-state applicants.
- (5) Issuance of board or committee reciprocity or endorsements for practitioners licensed, certified, or registered in Indiana who apply to another state for a license. No fee shall be less than ten dollars (\$10) unless the fee is collected under a rule adopted by the board which sets a fee for miscellaneous expenses incurred by the board on behalf of the practitioners the board regulates.

(b) Fees established by statute shall remain in effect until replaced by a new fee adopted by rule under this section.

(c) In no case shall the fees be less than are required to pay all of the costs, both direct and indirect, of the operation of the board.

(d) For the payment of fees, a board shall accept cash, a draft, a money order, a cashier's check, and a certified or other personal check. If a board receives an uncertified personal check for the payment of a fee and if the check does not clear the bank, the board may void the license, registration, or certificate for which the check was received.

(e) Unless designated by rule, a fee is not refundable.

(f) A board shall charge a fee of not more than ten dollars (\$10) for the issuance of a duplicate license, registration, or certificate.
As added by Acts 1981, P.L.223, SEC.1. Amended by Acts 1982, P.L.113, SEC.13; P.L.169-1985, SEC.31; P.L.48-1991, SEC.18; P.L.33-1993, SEC.13; P.L.235-1995, SEC.1.

IC 25-1-8-3 Quadrennial license or registration cycle; refunds

Sec. 3. (a) A board, operating on a quadrennial license, registration, or certificate renewal cycle, shall refund one-half (1/2) of the amount of the license, registration, or certificate fee if the holder of the license, registration, or certificate surrenders it at least two (2) years before it expires.

(b) This section does not apply to the holder of a license, registration, or certificate revoked or suspended by the board.
As added by Acts 1982, P.L. 113, SEC. 14.

IC 25-1-8-4 Quadrennial license renewal system

Sec. 4. (a) Notwithstanding any law establishing a biennial license renewal system, a board operating on such a system may by rule establish a quadrennial license renewal system.

(b) If a board establishes a quadrennial license renewal system, it may provide for a reduction in the fees for the four (4) year license.
As added by P.L. 234-1983, SEC. 3.

IC 25-1-8-5 Employment of professionals for testing; examination on statutes, rules, and regulations; standards of review

Sec. 5. (a) Notwithstanding any statutory provisions regarding the administration of examinations, a board or committee may employ organizations or additional professionals to assist in the preparation, administration, and scoring of licensing examinations.

(b) A board or committee may require applicants for licensure, certification, or registration by examination, endorsement, or reciprocity to pass a test on the state or federal statutes, state rules, and federal regulations that the board or committee determines by rule to be relevant to the practice of a regulated profession.

(c) A board or committee may enter into a contract with a testing company or national association to set the standards of review for an examination by an applicant for licensure, certification, or registration. The standards of review may include:

- (1) setting fees for review;
- (2) requiring that an examination remain confidential; and
- (3) prohibiting the release of the examination or copies of the examination.

As added by P.L. 169-1985, SEC. 32. Amended by P.L. 152-1988, SEC. 5; P.L. 48-1991, SEC. 19.

IC 25-1-8-6 Reinstatement of delinquent or lapsed licenses

Sec. 6. (a) As used in this section, "board" has the meaning set forth in IC 25-1-4-0.3.

(b) This section does not apply to a license, certificate, or registration that has been revoked or suspended.

(c) Notwithstanding any other law regarding the reinstatement of a delinquent or lapsed license, certificate, or registration, the holder of a license, certificate, or registration that was issued by the board that is three (3) years or less delinquent must be reinstated upon meeting the following requirements:

- (1) Submission of the holder's completed renewal application.
- (2) Payment of the current renewal fee established by the board under section 2 of this chapter.
- (3) Payment of a reinstatement fee established by the Indiana professional licensing agency
- (4) If a law requires the holder to complete continuing education as a condition of renewal, the holder shall provide the board with a sworn statement, signed by the holder, that the holder has fulfilled the continuing education requirements required by the board for the current renewal period.

(d) Notwithstanding any other law regarding the reinstatement of a delinquent or lapsed license, certificate, or registration, unless a statute specifically does not allow a license, certificate, or registration to be reinstated if it has lapsed for more than three (3)

years, the holder of a license, certificate, or registration that was issued by the board that is more than three (3) years delinquent must be reinstated upon meeting the following requirements:

- (1) Submission of the holder's completed renewal application.
- (2) Payment of the current renewal fee established by the board under section 2 of this chapter.

(3) Payment of a reinstatement fee equal to the current initial application fee.

(4) If a law requires the holder to complete continuing education as a condition of renewal, the holder shall provide the board with a sworn statement, signed by the holder, that the holder has fulfilled the continuing education requirements required by the board for the current renewal period.

(5) Complete such remediation and additional training as deemed appropriate by the board given the lapse of time involved.

(6) Any other requirement that is provided for in statute or rule that is not related to fees.

As added by P.L. 269-2001, SEC. 5. Amended by P.L. 206-2005, SEC. 13.

IC 25-1-8-7 Reinstatement of delinquent or lapsed licenses

Sec. 7. (a) As used in this section, "board" includes the entities listed in IC 25-1-6-3.

(b) Notwithstanding any other law regarding fees for reinstatement or restoration of a delinquent or lapsed license, certificate, or registration, a delinquent or lapsed license, certificate, or registration that was issued by the board may not be reinstated or restored unless the holder of the license, certificate, or registration pays:

(1) the fee established by the board under section 2 of this chapter; and

(2) a reinstatement fee established by the Indiana professional licensing agency.

(c) A license, certificate, or registration may not be reinstated or restored unless the holder of the license, certificate, or registration completes all other requirements for reinstatement or restoration of the license, certificate, or registration that are:

- (1) provided for in statute or rule; and
- (2) not related to fees.

(d) This section does not apply to a license, certificate, or registration if one (1) of the following applies:

(1) The license, certificate, or registration has been revoked or suspended.

(2) A statute specifically does not allow a license, certificate, or registration to be reinstated or restored.

As added by P.L. 194-2005, SEC. 6.

INDIANA CODE § 25-1-9

Chapter 9. Health Professions Standards of Practice

IC 25-1-9-1 "Board" defined

Sec. 1. As used in this chapter, "board" means any of the following:

- (1) Board of chiropractic examiners (IC 25-10-1).
- (2) State board of dentistry (IC 25-14-1).
- (3) Indiana state board of health facility administrators (IC 25-19-1).
- (4) Medical licensing board of Indiana (IC 25-22.5-2).
- (5) Indiana state board of nursing (IC 25-23-1).
- (6) Indiana optometry board (IC 25-24).
- (7) Indiana board of pharmacy (IC 25-26).
- (8) Board of podiatric medicine (IC 25-29-2-1).
- (9) Board of environmental health specialists (IC 25-32).
- (10) Speech-language pathology and audiology board (IC 25-35.6-2).

- (11) State psychology board (IC 25-33).
- (12) Indiana board of veterinary medical examiners (IC 15-5-1.1).
- (13) Indiana physical therapy committee (IC 25-27-1).
- (14) Respiratory care committee (IC 25-34.5).
- (15) Occupational therapy committee (IC 25-23.5).
- (16) Social worker, marriage and family therapist, and mental health counselor board (IC 25-23.6).
- (17) Physician assistant committee (IC 25-27.5).
- (18) Indiana athletic trainers board (IC 25-5.1-2-1).
- (19) Indiana dietitians certification board (IC 25-14.5-2-1).
- (20) Indiana hypnotist committee (IC 25-20.5-1-7).

As added by P.L.152-1988, SEC.1. Amended by P.L.242-1989, SEC.7; P.L.238-1989, SEC.7; P.L.186-1990, SEC.7; P.L.48-1991, SEC.20; P.L.227-1993, SEC.7; P.L.33-1993, SEC.14; P.L.213-1993, SEC.4; P.L.1-1994, SEC.122; P.L.124-1994, SEC.6; P.L.175-1997, SEC.6; P.L.147-1997, SEC.10; P.L.84-1998, SEC.5; P.L.24-1999, SEC.6.

IC 25-1-9-2 "Practitioner" defined

Sec. 2. As used in this chapter, "practitioner" means an individual who holds:

- (1) an unlimited license, certificate, or registration;
- (2) a limited or probationary license, certificate, or registration;
- (3) a temporary license, certificate, registration, or permit;
- (4) an intern permit; or
- (5) a provisional license;

issued by the board regulating the profession in question, including a certificate of registration issued under IC 25-20.
As added by P.L.152-1988, SEC.1.

IC 25-1-9-3 "License" defined

Sec. 3. As used in this chapter, "license" includes a license, certificate, registration, or permit.

As added by P.L.152-1988, SEC.1.

IC 25-1-9-3.5 "Sexual contact" defined

Sec. 3.5. As used in this chapter, "sexual contact" means:

- (1) sexual intercourse (as defined in IC 35-41-1-26);
- (2) deviate sexual conduct (as defined in IC 35-41-1-9); or
- (3) any fondling or touching intended to arouse or satisfy the sexual desires of either the individual performing the fondling or touching or the individual being fondled or touched.

As added by P.L.200-2001, SEC.1.

IC 25-1-9-4 Standards of professional practice; findings required for sanctions; evidence of foreign discipline

Sec. 4. (a) A practitioner shall conduct the practitioner's practice in accordance with the standards established by the board regulating the profession in question and is subject to the exercise of the disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds:

- (1) a practitioner has:
 - (A) engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice;
 - (B) engaged in fraud or material deception in the course of professional services or activities; or
 - (C) advertised services in a false or misleading manner;

(2) a practitioner has been convicted of a crime that has a direct bearing on the practitioner's ability to continue to practice competently;

(3) a practitioner has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question;

(4) a practitioner has continued to practice although the practitioner has become unfit to practice due to:

- (A) professional incompetence that:
 - (i) may include the undertaking of professional activities that the practitioner is not qualified by training or experience to undertake; and
 - (ii) does not include activities performed under IC 16-21-2-9;

(B) failure to keep abreast of current professional theory or practice;

(C) physical or mental disability; or

(D) addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing a practitioner's ability to practice safely;

(5) a practitioner has engaged in a course of lewd or immoral conduct in connection with the delivery of services to the public;

(6) a practitioner has allowed the practitioner's name or a license issued under this chapter to be used in connection with an individual who renders services beyond the scope of that individual's training, experience, or competence;

(7) a practitioner has had disciplinary action taken against the practitioner or the practitioner's license to practice in any other state or jurisdiction on grounds similar to those under this chapter;

(8) a practitioner has diverted:

(A) a legend drug (as defined in IC 16-18-2-199); or

(B) any other drug or device issued under a drug order (as defined in IC 16-42-19-3) for another person;

(9) a practitioner, except as otherwise provided by law, has knowingly prescribed, sold, or administered any drug classified as a narcotic, addicting, or dangerous drug to a habitue or addict;

(10) a practitioner has failed to comply with an order imposing a sanction under section 9 of this chapter;

(11) a practitioner has engaged in sexual contact with a patient under the practitioner's care or has used the practitioner-patient relationship to solicit sexual contact with a patient under the practitioner's care; or

(12) a practitioner who is a participating provider of a health maintenance organization has knowingly collected or attempted to collect from a subscriber or enrollee of the health maintenance organization any sums that are owed by the health maintenance organization.

(b) A practitioner who provides health care services to the practitioner's spouse is not subject to disciplinary action under subsection (a)(11).

(c) A certified copy of the record of disciplinary action is conclusive evidence of the other jurisdiction's disciplinary action under subsection (a)(7).

As added by P.L.152-1988, SEC.1. Amended by P.L.2-1993, SEC.136; P.L.149-1997, SEC.7; P.L.22-1999, SEC.4; P.L.200-2001, SEC.2; P.L.203-2001, SEC.3; P.L.1-2002, SEC.96.

IC 25-1-9-5 Optometry employment practice

Sec. 5. In addition to section 4 of this chapter, a

practitioner licensed to practice optometry is subject to the exercise of disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds a practitioner has accepted employment to practice optometry from a person other than:

- (1) a corporation formed by an optometrist under IC 23-1.5; or
- (2) an individual who is licensed as an optometrist under this article and whose legal residence is in Indiana.

As added by P.L.152-1988, SEC.1.

IC 25-1-9-6 Veterinary practitioners; cruelty to animals

Sec. 6. In addition to section 4 of this chapter, a practitioner licensed to practice veterinary medicine or registered as a veterinary technician is subject to the exercise of the disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds a practitioner has engaged in cruelty to animals.

As added by P.L.152-1988, SEC.1.

IC 25-1-9-6.5 Chiropractors; waiver of deductible or copayment

Sec. 6.5. (a) In addition to section 4 of this chapter, a practitioner licensed to practice chiropractic is subject to the exercise of the disciplinary sanctions under section 9 of this chapter if, after a hearing, the board regulating the profession finds a practitioner has:

- (1) waived a payment of a deductible or a copayment required to be made to the practitioner by a patient under the patient's insurance or health care plan; and
- (2) advertised the waiver of a payment described in subdivision (1).

(b) This section does not apply to the waiver of a deductible or a copayment by a practitioner if:

- (1) the practitioner determines chiropractic service is necessary for the immediate health and welfare of a patient;
- (2) the practitioner determines the payment of a deductible or a copayment would create a substantial financial hardship for the patient; and
- (3) the waiver is based on the evaluation of the individual patient and is not a regular business practice of the practitioner.

As added by P.L.151-1989, SEC.9.

IC 25-1-9-6.7 Marriage and family therapists; disciplinary sanctions

Sec. 6.7. In addition to the actions listed under section 4 of this chapter that subject a practitioner to the exercise of disciplinary sanctions, a practitioner who is licensed under IC 25-23.6 is subject to the exercise of disciplinary sanctions under section 9 of this chapter if, after a hearing, the board regulating the profession finds that the practitioner has:

- (1) performed any therapy that, by the prevailing standards of the mental health professions in the community where the services were provided, would constitute experimentation on human subjects, without first obtaining full, informed, and written consent;
- (2) failed to meet the minimum standards of performance in professional activities when measured against generally prevailing peer performance in professional activities, including the undertaking of activities that the practitioner is not qualified by training or experience to undertake;
- (3) performed services, including any duties required of the individual under IC 31, in reckless disregard of the best interests of a patient, a client, or the public;
- (4) without the consent of the child's parent, guardian, or custodian, knowingly participated in the child's

removal or precipitated others to remove a child from the child's home unless:

- (A) the child's physical health was endangered due to injury as a result of the act or omission of the child's parent, guardian, or custodian;
- (B) the child had been or was in danger of being a victim of an offense under IC 35-42-4, IC 35-45-4-1, IC 35-45-4-2, IC 35-46-1-3, IC 35-49-2-2, or IC 35-49-3-2; or
- (C) the child was in danger of serious bodily harm as a result of the inability, refusal, or neglect of the child's parent, guardian, or custodian to supply the child with necessary food, shelter, or medical care, and a court order was first obtained;

(5) willfully made or filed a false report or record, failed to file a report or record required by law, willfully impeded or obstructed the filing of a report or record, or induced another individual to:

- (A) make or file a false report or record; or
- (B) impede or obstruct the filing of a report or record; or

(6) performed a diagnosis (as defined in IC 25-22.5-1-1(c));

(7) provided evidence in an administrative or judicial proceeding that had insufficient factual basis for the conclusions rendered by the practitioner;

(8) willfully planted in the mind of the patient suggestions that are not based in facts known to the practitioner; or

(9) performed services outside of the scope of practice of the license issued under IC 25-23.6.

As added by P.L.147-1997, SEC.11. Amended by P.L.2-1998, SEC.65.

IC 25-1-9-6.8 Practitioner guidelines before prescribing stimulant medication for a child for treatment of certain disorders

Sec. 6.8. (a) This section applies to a practitioner who is:

- (1) licensed to practice medicine or osteopathic medicine under IC 25-22.5; or
- (2) an advanced practice nurse granted prescriptive authority under IC 25-23, and whose practice agreement with a collaborating physician reflects the conditions specified in subsection (b).

(b) Before prescribing a stimulant medication for a child for the treatment of attention deficit disorder or attention deficit hyperactivity disorder, a practitioner described in subsection (a) shall follow the most recent guidelines adopted by the American Academy of Pediatrics or the American Academy of Child and Adolescent Psychiatry for the diagnosis and evaluation of a child with attention deficit disorder or attention deficit hyperactivity disorder.

As added by P.L.107-2002, SEC.28.

IC 25-1-9-6.9 Failing to provide or providing false information to bureau

Sec. 6.9. In addition to the actions listed under section 4 of this chapter that subject a practitioner to disciplinary sanctions, a practitioner is subject to the exercise of disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds that the practitioner has:

- (1) failed to provide information requested by the Indiana professional licensing agency; or
- (2) knowingly provided false information to the Indiana

professional licensing agency;
for a provider profile required under IC 25-1-5-10.
As added by P.L.211-2001, SEC.2. Amended by P.L. 206-2005, SEC. 14.

IC 25-1-9-7 Physical or mental examination; power to require

Sec. 7. The board may order a practitioner to submit to a reasonable physical or mental examination, at the practitioner's own expense, if the practitioner's physical or mental capacity to practice safely is at issue in a disciplinary proceeding.
As added by P.L.152-1988, SEC.1. Amended by P.L.158-2003, SEC.2.

IC 25-1-9-8 Failure to submit to physical or mental examination; sanctions

Sec. 8. Failure to comply with a board order to submit to a physical or mental examination makes a practitioner liable to summary suspension under section 10 of this chapter.
As added by P.L.152-1988, SEC.1.

IC 25-1-9-9 Disciplinary sanctions

Sec. 9. (a) The board may impose any of the following sanctions, singly or in combination, if it finds that a practitioner is subject to disciplinary sanctions under section 4, 5, 6, 6.7, or 6.9 of this chapter or IC 25-1-5-4:

- (1) Permanently revoke a practitioner's license.
- (2) Suspend a practitioner's license.
- (3) Censure a practitioner.
- (4) Issue a letter of reprimand.
- (5) Place a practitioner on probation status and require the practitioner to:

(A) report regularly to the board upon the matters that are the basis of probation;
(B) limit practice to those areas prescribed by the board;

(C) continue or renew professional education under a preceptor, or as otherwise directed or approved by the board, until a satisfactory degree of skill has been attained in those areas that are the basis of the probation; or
(D) perform or refrain from performing any acts, including community restitution or service without compensation, that the board considers appropriate to the public interest or to the rehabilitation or treatment of the practitioner.

- (6) Assess a fine against the practitioner in an amount not to exceed one thousand dollars (\$1,000) for each violation listed in section 4 of this chapter, except for a finding of incompetency due to a physical or mental disability. When imposing a fine, the board shall consider a practitioner's ability to pay the amount assessed. If the practitioner fails to pay the fine within the time specified by the board, the board may suspend the practitioner's license without additional proceedings. However, a suspension may not be imposed if the sole basis for the suspension is the practitioner's inability to pay a fine.

(b) The board may withdraw or modify the probation under subsection (a)(5) if it finds, after a hearing, that the deficiency that required disciplinary action has been remedied, or that changed circumstances warrant a modification of the order.
As added by P.L.152-1988, SEC.1. Amended by P.L.48-1991, SEC.21; P.L.22-1999, SEC.5; P.L.32-2000, SEC.10; P.L.211-2001, SEC.3.

IC 25-1-9-10 Summary license suspension pending final adjudication; notice; opportunity to be heard

Sec. 10. (a) The board may summarily suspend a practitioner's license for ninety (90) days before a final adjudication or during the appeals process if the board finds that a practitioner represents a clear and immediate danger to the public health and safety if the practitioner is allowed to continue to practice. The summary suspension may be renewed upon a hearing before the board, and each renewal may be for ninety (90) days or less.

(b) Before the board may summarily suspend a license that has been issued under IC 15-5-1.1, IC 25-22.5 or IC 25-14, the consumer protection division of the attorney general's office shall make a reasonable attempt to notify a practitioner of a hearing by the board to suspend a practitioner's license and of information regarding the allegation against the practitioner. The consumer protection division of the attorney general's office shall also notify the practitioner that the practitioner may provide a written or an oral statement to the board on the practitioner's behalf before the board issues an order for summary suspension. A reasonable attempt to reach the practitioner is made if the consumer protection division of the attorney general's office attempts to reach the practitioner by telephone or facsimile at the last telephone number of the practitioner on file with the board.

(c) After a reasonable attempt is made to notify a practitioner under subsection (b):

- (1) a court may not stay or vacate a summary suspension of a practitioner's license for the sole reason that the practitioner was not notified; and
- (2) the practitioner may not petition the board for a delay of the summary suspension proceedings.

As added by P.L.152-1988, SEC.1. Amended by P.L.43-1995, SEC.2; P.L.71-2000, SEC.18.

IC 25-1-9-10.1 Retention of clinical consultants and experts to advise on suspension

Sec. 10.1. The attorney general may retain the services of a clinical consultant or an expert to provide the attorney general with advice concerning the acts that are the subject of a suspension under this chapter.

As added by P.L.43-1995, SEC.3.

IC 25-1-9-11 Reinstatement of suspended licenses

Sec. 11. The board may reinstate a license which has been suspended under this chapter if, after a hearing, the board is satisfied that the applicant is able to practice with reasonable skill and safety to the public. As a condition of reinstatement, the board may impose disciplinary or corrective measures authorized under this chapter.

As added by P.L.152-1988, SEC.1.

IC 25-1-9-12 Reinstatement of revoked license

Sec. 12. The board may not reinstate a license that has been revoked under this chapter. An individual whose license has been revoked under this chapter may not apply for a new license until seven (7) years after the date of revocation.
As added by P.L.152-1988, SEC.1.

IC 25-1-9-13 Consistency of sanctions prescribed

Sec. 13. The board shall seek to achieve consistency in the application of the sanctions authorized in this section. Significant departures from prior decisions involving similar conduct must be explained in the board's findings or orders.

As added by P.L.152-1988, SEC.1.

IC 25-1-9-14 Surrender of practitioners license instead of hearing; approval

Sec. 14. A practitioner may petition the board to accept the surrender of the practitioner's license instead of a hearing before the board. The practitioner may not surrender the practitioner's license without the written approval of the board, and the board may impose any conditions appropriate to the surrender or reinstatement of a surrendered license.

As added by P.L.152-1988, SEC.1.

IC 25-1-9-15 Costs in disciplinary proceedings

Sec. 15. Practitioners who have been subjected to disciplinary sanctions may be required by a board to pay for the costs of the proceeding. The practitioner's ability to pay shall be considered when costs are assessed. If the practitioner fails to pay the costs, a suspension may not be imposed solely upon the practitioner's inability to pay the amount assessed. These costs are limited to costs for the following:

- (1) Court reporters.
- (2) Transcripts.
- (3) Certification of documents.
- (4) Photoduplication.
- (5) Witness attendance and mileage fees.
- (6) Postage.
- (7) Expert witnesses.
- (8) Depositions.
- (9) Notarizations.
- (10) Administrative law judges.

As added by P.L.152-1988, SEC.1. Amended by P.L.158-2003, SEC.3.

IC 25-1-9-16 Refusal of licensure or grant of probationary license

Sec. 16. (a) The board may refuse to issue a license or may issue a probationary license to an applicant for licensure if:

- (1) the applicant has been disciplined by a licensing entity of another state or jurisdiction, or has committed an act that would have subjected the applicant to the disciplinary process had the applicant been licensed in Indiana when the act occurred; and
- (2) the violation for which the applicant was, or could have been, disciplined has a direct bearing on the applicant's ability to competently practice in Indiana.

(b) Whenever the board issues a probationary license, the board may impose one (1) or more of the following conditions:

- (1) Report regularly to the board upon the matters that are the basis of the discipline of the other state or jurisdiction.
- (2) Limit practice to those areas prescribed by the board.
- (3) Continue or renew professional education.
- (4) Engage in community restitution or service without compensation for a number of hours specified by the board.
- (5) Perform or refrain from performing an act that the board considers appropriate to the public interest or to the rehabilitation or treatment of the applicant.

(c) The board shall remove any limitations placed on a probationary license under this section if the board finds after a hearing that the deficiency that required disciplinary action has been remedied.

As added by P.L.33-1993, SEC.15. Amended by P.L.32-2000, SEC.11.

IC 25-1-9-17 Applicant appearance before board or controlled substances advisory committee

Sec. 17. The board and the controlled substances advisory committee (IC 35-48-2-1) may require an applicant for licensure to appear before the board or committee before issuing a license.

As added by P.L.33-1993, SEC.16.

IC 25-1-9-18 Fitness determination of health care provider; filing complaint

Sec. 18. (a) If the insurance commissioner forwards to the board the name of a practitioner under IC 34-18-9-4(a) (or IC 27-12-9-4(a) before its repeal), the board shall consider whether:

- (1) the practitioner has become unfit to practice under section 4 of this chapter; and
- (2) a complaint should be filed under IC 25-1-7-4.

(b) If the board determines that a complaint should be filed under subsection (a), the board must report to the consumer protection division whether the board will schedule the matter:

- (1) for informal negotiation under IC 25-1-7-6;
- (2) on the board's agenda for a vote requesting that the attorney general prosecute the matter before the board under IC 25-1-7-7; or
- (3) on the board's agenda for a vote on summary suspension of the practitioner's license pending prosecution of the matter before the board under IC 25-1-7-7.

(c) A board may designate a board member or staff member to act on behalf of the board under this section.

As added by P.L.43-1995, SEC.4. Amended by P.L.1-1998, SEC.131.

IC 25-1-9-19 Third party billing notice

Sec. 19. A practitioner that provides to a patient notice concerning a third party billing for a health care service provided to the patient shall ensure that the notice:

- (1) conspicuously states that the notice is not a bill;
- (2) does not include a tear-off portion; and
- (3) is not accompanied by a return mailing envelope.

As added by P.L.178-2003, SEC.12.

INDIANA CODE § 25-1-10

Chapter 10. Reserved

INDIANA CODE § 25-1-11

Chapter 11. Professional Licensing Standards of Practice

IC 25-1-11-1 "Board" defined

Sec. 1. As used in this chapter, "board" means any of the following:

- (1) Indiana board of accountancy (IC 25-2-1-2-1).
- (2) Board of registration for architects and landscape architects (IC 25-4-1-2).
- (3) Indiana auctioneer commission (IC 25-6-1-2).
- (4) State board of barber examiners (IC 25-7-5-1).
- (5) State boxing commission (IC 25-9-1).
- (6) State board of cosmetology examiners (IC 25-8-3-1).
- (7) State board of registration of land surveyors (IC 25-21-5-2-1).
- (8) State board of funeral and cemetery service (IC 25-15-9).
- (9) State board of registration for professional engineers (IC 25-31-1-3).

- (10) Indiana plumbing commission (IC 25-28.5-1-3).
- (11) Indiana real estate commission (IC 25-34.1-2-1).
- (12) Real estate appraiser licensure certification board (IC 25-34.1-8).
- (13) Private detectives licensing board (IC 25-30-1-5.1).
- (14) Manufactured home installer licensing board (IC 25-23.7).

As added by P.L.214-1993, SEC.1. Amended by P.L.2-1995, SEC.93; P.L.234-1995, SEC.5; P.L.82-2000, SEC.6; P.L.162-2002, SEC.6.

IC 25-1-11-2 "Practitioner" defined

Sec. 2. As used in this chapter, "practitioner" means a person that holds:

- (1) an unlimited license, certificate, registration, or permit;
- (2) a limited or probationary license, certificate, registration, or permit;
- (3) a temporary license, certificate, registration, or permit;
- (4) an intern permit; or
- (5) an inactive license;

issued by the board regulating a profession.

As added by P.L.214-1993, SEC.1. Amended by P.L.236-1995, SEC.1.

IC 25-1-11-3 "License" defined

Sec. 3. As used in this chapter, "license" includes a license, certificate, registration, or permit.

As added by P.L.214-1993, SEC.1.

IC 25-1-11-4 "Person" defined

Sec. 4. As used in this chapter, "person" means an individual, a partnership, a corporation, or a limited liability company.

As added by P.L.214-1993, SEC.1. Amended by P.L.236-1995, SEC.2.

IC 25-1-11-5 Practitioner compliance with professional standards; findings; meriting disciplinary sanctions

Sec. 5. (a) A practitioner shall comply with the standards established by the board regulating a profession. A practitioner is subject to the exercise of the disciplinary sanctions under section 12 of this chapter if, after a hearing, the board finds that:

- (1) a practitioner has:
 - (A) engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice, including cheating on a licensing examination;
 - (B) engaged in fraud or material deception in the course of professional services or activities; or
 - (C) advertised services or goods in a false or misleading manner;
- (2) a practitioner has been convicted of a crime that has a direct bearing on the practitioner's ability to continue to practice competently;
- (3) a practitioner has knowingly violated a state statute or rule or federal statute or regulation regulating the profession for which the practitioner is licensed;
- (4) a practitioner has continued to practice although the practitioner has become unfit to practice due to:
 - (A) professional incompetence;
 - (B) failure to keep abreast of current professional theory or practice;

- (C) physical or mental disability; or
- (D) addiction to, abuse of, or severe dependency on alcohol or other drugs that endanger the public by impairing a practitioner's ability to practice safely;

(5) a practitioner has engaged in a course of lewd or immoral conduct in connection with the delivery of services to the public;

(6) a practitioner has allowed the practitioner's name or a license issued under this chapter to be used in connection with an individual or business who renders services beyond the scope of that individual's or business's training, experience, or competence;

(7) a practitioner has had disciplinary action taken against the practitioner or the practitioner's license to practice in another state or jurisdiction on grounds similar to those under this chapter;

(8) a practitioner has assisted another person in committing an act that would constitute a ground for disciplinary sanction under this chapter; or

(9) a practitioner has allowed a license issued by a board to be:

- (A) used by another person; or
- (B) displayed to the public when the license has expired, is inactive, or has been revoked or suspended.

(b) If an applicant or a practitioner has engaged in or knowingly cooperated in fraud or material deception to obtain a license to practice, including cheating on the licensing examination, the board may rescind the license if it has been granted, void the examination or other fraudulent or deceptive material, and prohibit the applicant from reapplying for the license for a length of time established by the board. An applicant who is aggrieved by a decision of the board under this section is entitled to hearing and appeal rights under the Indiana administrative rules and procedures act (IC 4-21.5).

(c) The board may deny licensure to an applicant who has had disciplinary action taken against the applicant or the applicant's license to practice in another state or jurisdiction or who has practiced without a license in violation of the law.

(d) A certified copy of the record of disciplinary action is conclusive evidence of the other jurisdiction's disciplinary action under subsection (a)(7) or subsection (c).

As added by P.L.214-1993, SEC.1. Amended by P.L.84-1998, SEC.6; P.L.113-1999, SEC.1.

IC 25-1-11-7 Auctioneers; grounds for disciplinary sanctions

Sec. 7. A practitioner licensed to practice auctioneering is subject to the disciplinary sanctions under section 12 of this chapter if, after a hearing, the board finds that the practitioner has failed to:

- (1) account and to make payment under IC 25-6.1-6-2; or
- (2) keep the funds of others separate from the practitioner's own private accounts.

As added by P.L.214-1993, SEC.1.

IC 25-1-11-9.5 Repealed

(Repealed by P.L. 194-2005, SEC. 87.)

IC 25-1-11-10 Physical and mental examination of practitioner

Sec. 10. The board may order a practitioner to submit to a reasonable physical or mental examination, at the practitioner's expense, if the practitioner's physical or mental capacity to practice safely and competently is at issue in a disciplinary proceeding.

As added by P.L.214-1993, SEC.1. Amended by P.L.178-1997, SEC.1. Amended by P.L. 194-2005, SEC. 7.

IC 25-1-11-11 Refusal of physical or mental examination; summary suspension

Sec. 11. Failure to comply with a board order to submit to a physical or mental examination makes a practitioner liable to summary suspension under section 13 of this chapter.
As added by P.L.214-1993, SEC.1.

IC 25-1-11-12 Sanctions for violations

Sec. 12. (a) The board may impose any of the following sanctions, singly or in combination, if the board finds that a practitioner is subject to disciplinary sanctions under sections 5 through 9 of this chapter:

- (1) Permanently revoke a practitioner's license.
- (2) Suspend a practitioner's license.
- (3) Censure a practitioner.
- (4) Issue a letter of reprimand.
- (5) Place a practitioner on probation status and require the practitioner to:
 - (A) report regularly to the board upon the matters that are the basis of probation;
 - (B) limit practice to those areas prescribed by the board;
 - (C) continue or renew professional education approved by the board until a satisfactory degree of skill has been attained in those areas that are the basis of the probation; or
 - (D) perform or refrain from performing any acts, including community restitution or service without compensation, that the board considers appropriate to the public interest or to the rehabilitation or treatment of the practitioner.

(6) Assess a civil penalty against the practitioner for not more than one thousand dollars (\$1,000) for each violation listed in sections 5 through 9 of this chapter except for a finding of incompetency due to a physical or mental disability.

(b) When imposing a civil penalty under subsection (a)(6), the board shall consider a practitioner's ability to pay the amount assessed. If the practitioner fails to pay the civil penalty within the time specified by the board, the board may suspend the practitioner's license without additional proceedings. However, a suspension may not be imposed if the sole basis for the suspension is the practitioner's inability to pay a civil penalty.

(c) The board may withdraw or modify the probation under subsection (a)(5) if the board finds after a hearing that the deficiency that required disciplinary action has been remedied or that changed circumstances warrant a modification of the order.

As added by P.L.214-1993, SEC.1. Amended by P.L.32-2000, SEC.12.

IC 25-1-11-13 Summary suspension of practitioners

Sec. 13. The board may summarily suspend a practitioner's license for ninety (90) days before a final adjudication or during the appeals process if the board finds that a practitioner represents a clear and immediate danger to the public's health, safety, or property if the practitioner is allowed to continue to practice. The summary suspension may be renewed upon a hearing before the board, and each renewal may be for not more than ninety (90) days. *As added by P.L.214-1993, SEC.1. Amended by P.L.178-1997, SEC.2.*

IC 25-1-11-14 Reinstatement of suspended license

Sec. 14. The board may reinstate a license that has been suspended under this chapter if, after a hearing, the board is

satisfied that the applicant is able to practice with reasonable skill, safety, and competency to the public. As a condition of reinstatement, the board may impose disciplinary or corrective measures authorized under this chapter.

As added by P.L.214-1993, SEC.1. Amended by P.L.178-1997, SEC.3.

IC 25-1-11-15 Reinstatement of revoked license

Sec. 15. The board may not reinstate a license that has been revoked under this chapter. An individual whose license has been revoked under this chapter may not apply for a new license until seven (7) years after the date of revocation.

As added by P.L.214-1993, SEC.1.

IC 25-1-11-16 Consistency of sanctions

Sec. 16. The board shall seek to achieve consistency in the application of sanctions authorized in this chapter. Significant departures from prior decisions involving similar conduct must be explained in the board's findings or orders.

As added by P.L.214-1993, SEC.1.

IC 25-1-11-17 Surrender of practitioner license

Sec. 17. A practitioner may petition the board to accept the surrender of the practitioner's license instead of having a hearing before the board. The practitioner may not surrender the practitioner's license without the written approval of the board, and the board may impose any conditions appropriate to the surrender or reinstatement of a surrendered license.

As added by P.L.214-1993, SEC.1.

IC 25-1-11-18 Costs; practitioners subjected to sanctions

Sec. 18. A practitioner who has been subjected to disciplinary sanctions may be required by a board to pay the costs of the proceeding. The practitioner's ability to pay shall be considered when costs are assessed. If the practitioner fails to pay the costs, a suspension may not be imposed solely upon the practitioner's inability to pay the amount assessed. These costs are limited to costs for the following:

- (1) Court reporters.
- (2) Transcripts.
- (3) Certification of documents.
- (4) Photo duplication.
- (5) Witness attendance and mileage fees.
- (6) Postage.
- (7) Expert witnesses.
- (8) Depositions.
- (9) Notarizations.
- (10) Administrative law judges

As added by P.L.214-1993, SEC.1. Amended by P.L. 194-2005, SEC. 8.

IC 25-1-11-19 Refusal of licensure or granting of probationary license

Sec. 19. (a) The board may refuse to issue a license or may issue a probationary license to an applicant for licensure if:

- (1) the applicant has:
 - (A) been disciplined by a licensing entity of another state or jurisdiction; or
 - (B) committed an act that would have subjected the applicant to the disciplinary process if the applicant had been licensed in Indiana when the act occurred; and
- (2) the violation for which the applicant was or could have been disciplined has a bearing on the applicant's

ability to competently perform or practice the profession in Indiana.

(b) Whenever the board issues a probationary license, the board may require a licensee to do any of the following:

- (1) Report regularly to the board upon the matters that are the basis of the discipline of the other state or jurisdiction.
- (2) Limit practice to the areas prescribed by the board.
- (3) Continue or renew professional education requirements.
- (4) Engage in community restitution or service without compensation for the number of hours specified by the board.
- (5) Perform or refrain from performing an act that the board considers appropriate to the public interest or to the rehabilitation or treatment of the applicant.

(c) The board shall remove any limitations placed on a probationary license under this section if the board finds after a public hearing that the deficiency that required disciplinary action has been remedied.

As added by P.L.194-2005, SEC.9.

IC 25-1-11-20 Applicant appearance before board

Sec. 20. The board may require an applicant for licensure to appear before the board before issuing a license.

As added by P.L. 194-2005, SEC. 10.

INDIANA CODE § 25-1-12

Chapter 12. Renewal of Licenses Held by Individuals in Military Service

IC 25-1-12-1 Applicability of chapter

Sec. 1. This chapter applies to an individual who:

- (1) holds a license, certificate, registration, or permit under this title, IC 15, IC 16, or IC 22; and
- (2) is called to active duty.

As added by P.L.88-2004, SEC.2.

IC 25-1-12-2 "Active duty" defined

Sec. 2. As used in this chapter, "active duty" means full-time service in the:

- (1) armed forces of the United States; or
- (2) national guard;

for a period that exceeds thirty (30) consecutive days in a calendar year.

As added by P.L.88-2004, SEC.2.

IC 25-1-12-3 "Armed forces of the United States" defined

Sec. 3. As used in this chapter, "armed forces of the United States" means the active or reserve components of:

- (1) the army;
- (2) the navy;
- (3) the air force;
- (4) the coast guard;
- (5) the marine corps; or
- (6) the merchant marine.

As added by P.L.88-2004, SEC.2. Amended by P.L. 2-2005, SEC. 64.

IC 25-1-12-4 "National guard" defined

Sec. 4. As used in this chapter, "national guard" means:

- (1) the Indiana army national guard; or

(2) the Indiana air national guard.

As added by P.L.88-2004, SEC.2.

IC 25-1-12-5 "Practitioner" defined

Sec. 5. As used in this chapter, "practitioner" means an individual who holds:

- (1) an unlimited license, certificate, or registration;
- (2) a limited or probationary license, certificate, or registration;
- (3) a temporary license, certificate, registration, or permit;
- (4) an intern permit; or
- (5) a provisional license;

issued under this title or IC 15, IC 16, or IC 22.

As added by P.L.88-2004, SEC.2.

IC 25-1-12-6 Extension to renew license or complete continuing education; requirements for extension; additional extensions

Sec. 6. (a) Notwithstanding any other law, a practitioner who is called to active duty out-of-state and meets the requirements of subsection (b) is entitled to an extension of time described in subsection (c) to:

- (1) renew; and
- (2) complete the continuing education required by the practitioner's license, certificate, registration, or permit.

(b) The practitioner must meet the following requirements to receive the extension of time provided under subsection (a):

(1) On the date the practitioner enters active duty, the practitioner's license, certificate, registration, or permit may not be revoked, suspended, lapsed, or be the subject of a complaint under IC 25-1-7.

(2) The practitioner's license, certificate, registration, or permit must expire while the practitioner is out-of-state on active duty and the practitioner must not have received the notice of expiration before the date the practitioner entered active duty.

(3) The practitioner shall provide proof of out-of-state active duty by providing a copy of the practitioner's:

- (A) discharge; or
- (B) government movement orders; to the agency, board, commission, or committee issuing the practitioner's license, certificate, registration, or permit at the time the practitioner renews the practitioner's license, certificate, registration, or permit under this chapter.

(c) The extension of time provided under subsection (a) is equal to one hundred eighty (180) days after the date of the practitioner's discharge or release from active duty.

(d) The agency, board, commission, or committee that issued the practitioner's license, certificate, registration, or permit may extend the period provided in subsection (c) if the agency or board determines that an illness, an injury, or a disability related to the practitioner's active duty prevents the practitioner from renewing or completing the continuing education required for the practitioner's license, certificate, registration, or permit. However, the agency, board, commission, or committee may not extend the period for longer than three hundred sixty-five (365) days after the date of the practitioner's discharge or release from active duty.

As added by P.L.88-2004, SEC.2. Amended by P.L. 2-2005, SEC. 65.

IC 25-1-12-7 Waiver of late fees

Sec. 7. Any late fees that may be assessed against a practitioner in connection with a renewal under this chapter are waived.

As added by P.L.88-2004, SEC.2.

IC 25-1-12-8 Construction with federal law

Sec. 8. This chapter may not be construed as a restriction or limitation on any of the rights, benefits, and protections granted to a member of:

- (1) the armed forces of the United States; or
- (2) the national guard;

under federal law.

As added by P.L.88-2004, SEC.2.

Non-Code Provisions under Public Law 206-2005

P.L. 206-2005, SECTION 16

(a) The rules adopted by the health professions bureau before July 1, 2005, and in effect on June 30, 2005, shall be treated after June 30, 2005, as the rules of the Indiana professional licensing agency.

(b) On July 1, 2005, the Indiana professional licensing agency becomes the owner of all of the property of the health professions bureau. An appropriation made to the health professions bureau shall be treated after June 30, 2005, as an appropriation to the Indiana professional licensing agency.

(c) Any reference in a law, a rule, a license, a registration, a certification, or an agreement to the health professions bureau shall be treated after June 30, 2005, as a reference to the Indiana professional licensing agency.

P.L. 206-2005, SECTION 17

(a) The legislative services agency shall prepare legislation for introduction in the 2006 regular session of the general assembly to make conforming statutory changes, as needed, to reconcile the statutes with this act.

(b) This SECTION expires June 30, 2007.

TITLE 840 INDIANA STATE BOARD OF HEALTH FACILITY ADMINISTRATORS

NOTE: Originally adopted by the Indiana State Board of Registration and Education for Health Facility Administrators. Name changed by P.L.149-1987, SECTION 37, effective September 1, 1987.

ARTICLE 1. GENERAL PROVISIONS

Rule 1. Definitions; Licensure; Examinations

840 IAC 11-1 Title of rules; authority to promulgate rules *(Repealed)*

Sec. 1. *(Repealed by Indiana State Board of Health Facility Administrators; filed May 1, 2002, 10:35 a.m.: 25 IR 2861)*

840 IAC 1-1-2 Definitions

Authority: IC 25-19-1-4

Affected: IC 16-10-4-2; IC 25-19-1-2

Sec. 2. Whenever used in this rule, unless expressly otherwise stated, or unless the context or subject matter requires a different meaning, the following terms apply throughout this rule:

(1) "H.F." means health facility.

(2) "Practice of health facility administration" means the practice of the person designated by legal owner(s) of health facilities to perform any act or the making of any decision involved in the planning, organizing, developing, directing, and/or control of the operation of an H.F.

(3) "H.F.A." means health facility administrator.

(4) "Preceptor" means a duly licensed H.F.A. who has been approved by the board under section 17(a) of this rule to serve in a teaching role who has the training, knowledge, professional activity, and a facility or organizational setting at their disposal to participate actively in the developing and refining of prospective H.F.A.s. This individual shall meet any and all criteria that may be established by the board.

(5) "Administrator-in-training" or "A.I.T." means a person who has registered with the board prior to commencing internship and who desires to become involved in a program of professional health care training. No person shall serve or act as an A.I.T. without being registered with the board, and shall meet any and all criteria that may be established by the board.

(6) "A.I.T. program" means an internship of a continuous educational experience in an H.F. approved by the board; such program to be administered under the supervision of a preceptor.

(7) "Person" means a natural individual and does not include the terms firm, corporation, association, partnership, institution, public body, joint stock association, or any other group of individuals.

(8) "Residential license" shall be one granting authority to administer an H.F., licensed as a residential facility.

(9) "Comprehensive license" shall be one granting authority to administer any or all categories of health facilities.

(10) "Related health care administration" is defined as administration practiced in one (1) or more health related institutions. However, health care administration shall not mean:

(A) the administration of services to an individual;

(B) administrative services which do not have as a major component the supervision of more than one (1) profession or discipline; or

(C) an administrative position in which the individual has not assumed direct responsibility for and is not held accountable for his own acts.

(Indiana State Board of Health Facility Administrators; Rule 3; filed May 26, 1978, 9:09 a.m.: 1 IR 243; filed May 18, 1979, 9:02 a.m.: 2 IR 842; filed May 2, 1985, 10:33 a.m.: 8

IR 1146; filed Sep 29, 1987, 2:08 p.m.: 11 IR 792; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2855)

840 IAC 1-1-3 License required; use of title and H.F.A. initials

Authority: IC 25-19-1-4

Affected: IC 25-19-1-5; IC 25-19-1-11

Sec. 3. (a) No H.F. in this state may operate unless it is under the supervision of an H.F.A. who holds a current valid H.F.A. license issued by the board under this rule.

(b) No person shall practice or offer to practice H.F. administration in this state or use any title, sign, card, or device to indicate that he is an H.F.A. unless such person shall have been duly licensed as an H.F.A. pursuant to the laws of this state and the rules of this board lawfully promulgated.

(c) A person, not licensed as an H.F.A., shall not use the title "Assistant H.F. Administrator", inasmuch as the employment of this title constitutes a fraudulent inducement to the public to rely on the expertise implied by the term "administrator" and is in violation of Indiana law. The designations "assistant-to-the-administrator" and "administrative assistant" can serve the same purpose and be in compliance with the law.

(d) A person licensed as an H.F.A. in Indiana may use the initials H.F.A. after the name. (*Indiana State Board of Health Facility Administrators; Rule 4; filed May 26, 1978, 9:09 a.m.: 1 IR 244; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2855*)

840 IAC 1-1-4 Qualifications for licensure

Authority: IC 25-19-1-4

Affected: IC 25-19-1-3

Sec. 4. (a) All applicants for licensure as an H.F.A. must have completed, at the time of application, the requirements of IC 25-19-1-3(a)(1) and any of the following educational attainments and administrator-in-training programs:

(1) Possession of a baccalaureate or higher degree from an accredited institution of higher learning approved by the board, and completion of a required administrator-in-training program.

(2) Possession of an associate degree in health care from an accredited institution of higher learning approved by the board, completion of a specialized course of study in long term health care administration approved by the board, and completion of a required administrator-in-training program.

(3) Completion of a specialized course of study in long term health care administration prescribed by the board, and completion of a required six (6) month administrator-in-training program.

(b) Applicants for licensure by endorsement as an H.F.A. may request that the board consider previous experience to satisfy the requirements of subsection (a). Educational and A.I.T. requirements may be satisfied by two (2) years of active work experience as a licensed health facility administrator in another state. Evidence must be

presented to the board demonstrating competency of practice.

(c) Applicants for licensure as an H.F.A. may request that the board consider previous experience to satisfy the A.I.T. requirements of subsection (a). A.I.T. requirements may be satisfied by:

(1) one (1) year of active work experience as a licensed H.F.A.;

(2) completion of a training program required for licensure as an H.F.A. in another state that is determined by the board to be equivalent to the A.I.T. requirements of this state;

(3) completion of a residency-internship in health care administration completed as part of a degree requirement of subsection (a)(1) and (a)(2) that is determined by the board to be equivalent to the A.I.T. requirements of this state;

(4) one (1) year of active work experience as a chief executive officer or chief operations officer in a hospital; or

(5) a master's degree in health care administration and six (6) months of active work experience as a licensed H.F.A. in another state.

(*Indiana State Board of Health Facility Administrators; Rule 5; filed May 26, 1978, 9:09 a.m.: 1 IR 244; filed May 2, 1985, 10:33 a.m.: 8 IR 1147; filed Sep 29, 1987, 2:08 p.m.: 11 IR 793; filed Dec 22, 1987, 2:36 p.m.: 11 IR 1604; errata filed Mar 25, 1991, 4:40 p.m.: 14 IR 1626; errata filed Jul 8, 1991, 5:00 p.m.: 14 IR 2066; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2856; filed Jan 24, 2003, 1:55 p.m.: 26 IR 1943*)

840 IAC 1-1-5 Application for license; interview

Authority: IC 25-19-1-4

Affected: IC 25-19-1-3; IC 25-19-1-5

Sec. 5. (a) An applicant for licensure as an H.F.A. shall:

(1) make application for licensure in writing on forms provided by the board; and

(2) furnish evidence satisfactory to the board that the qualifying requirements have been met as provided for in the state licensing statutes and section 4 of this rule.

(b) The board may designate a time and place at which an applicant may be required to appear for an interview at the discretion of the board. (*Indiana State Board of Health Facility Administrators; Rule 6; filed May 26, 1978, 9:09 a.m.: 1 IR 245; filed May 2, 1985, 10:33 a.m.: 8 IR 1148; filed Sep 29, 1987, 2:08 p.m.: 11 IR 794; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2856*)

840 IAC 1-1-6 Examination

Authority: IC 25-19-1-4

Affected: IC 25-19-1-3

Sec. 6. (a) Every applicant for a license as an H.F.A., after meeting the requirements for qualification as set forth in section 4 of this rule, shall pass successfully a written or oral examination, or both, at the discretion of the board that shall include, but need not be limited to, the following:

- (1) Applicable standards of environmental health and safety.
- (2) Local health and safety regulation.
- (3) General administration.
- (4) Psychology of patient care.
- (5) Principles of medical care.
- (6) Pharmaceutical services and drug handling.
- (7) Personal and social care.
- (8) Therapeutic and supportive care and services in long term care.
- (9) Departmental organization and management.
- (10) Community interrelationships.

(b) Every applicant for an H.F.A. license shall be required to pass the examination for such license with a grade established by the board in accordance with methods and procedures set up by the board.

(c) All applications for the examination must be complete in every respect, including accompanying data and the required fee, at least thirty (30) days prior to the examination for which application is being made. Any applicant whose application does not meet these requirements will not be permitted to take the examination.

(d) An applicant must complete successfully the licensure examination within one (1) calendar year from the time of notification of failure to pass the original exam. If an applicant fails the examination three (3) times, the following requirements must be met before submitting a new application for examination:

- (1) Submit proof of the completion of at least two hundred (200) contact hours of continuing education approved by the board.
- (2) Submit a new application for entry into the administrator-in-training program.
- (3) Complete the required administrator-in-training program in a minimum of six (6) months and a maximum of twelve (12) months for a minimum total of one thousand forty (1,040) hours and submit an affidavit of completion of the A.I.T. program.

In addition, the applicant shall meet all other licensing requirements in force and effect at the time of reapplication. *(Indiana State Board of Health Facility Administrators; Rule 7; filed May 26, 1978, 9:09 a.m.: 1 IR 246; filed May 18, 1979, 9:02 a.m.: 2 IR 842; filed May 2, 1985, 10:33 a.m.: 8 IR 1148; filed Sep 29, 1987, 2:08 p.m.: 11 IR 794; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2857; filed Feb 6, 2004, 9:15 a.m.: 27 IR 1880)*

840 IAC 1-1-7 Categories of licenses; renewal; fee (Repealed)

Sec. 7. (Repealed by Indiana State Board of Health Facility Administrators; filed Sep 29, 1987, 2:08 pm: 11 IR 798)

840 IAC 1-1-8 Disapproval; re-application (Repealed)

Sec. 8. (Repealed by Indiana State Board of Health Facility Administrators; filed Sep 29, 1987, 2:08 pm: 11 IR 798)

840 IAC 1-1-9 Suspension or revocation of license; restoration (Repealed)

Sec. 9. (Repealed by Indiana State Board of Health Facility Administrators; filed Sep 29, 1987, 2:08 pm: 11 IR 798)

840 IAC 1-1-10 Complaints and disciplinary hearings (Repealed)

Sec. 10. (Repealed by Indiana State Board of Health Facility Administrators; filed Sep 29, 1987, 2:08 pm: 11 IR 798)

840 IAC 1-1-11 Display of license

Authority: IC 25-19-1-4
Affected: IC 25-19-1

Sec. 11. Every individual licensed as a [sic., an] H.F.A. shall display the H.F.A.'s current license in a prominent location in that individual's principal office. (Indiana State Board of Health Facility Administrators; Rule 12; filed May 26, 1978, 9:09 a.m.: 1 IR 247; filed Sep 29, 1987, 2:08 p.m.: 11 IR 795; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2857)

840 IAC 1-1-12 Duplicate licenses

Authority: IC 25-19-1-4
Affected: IC 25-19-1

Sec. 12. Upon receipt of satisfactory evidence that a license has been lost, stolen, mutilated, or destroyed, the board may issue a duplicate license upon compliance with conditions as the board may prescribe and payment of a fee as determined by the board. (Indiana State Board of Health Facility Administrators; Rule 13; filed May 26, 1978, 9:09 a.m.: 1 IR 247; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2857)

840 IAC 1-1-13 Educational institutions and courses; approval by board

Authority: IC 25-19-1-4
Affected: IC 25-19-1-8

Sec. 13. Any course of study, offered by an educational institution, association, professional society, or organization for the purpose of qualifying an applicant for licensure must be approved by the board. (Indiana State Board of Health Facility Administrators; Rule 14; filed May 26, 1978, 9:09 a.m.: 1 IR 247; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2857)

840 IAC 1-1-14 Provisional licenses

Authority: IC 25-19-1-4
Affected: IC 25-19-1-3

Sec. 14. (a) An individual may be issued a provisional administrator's license for a specific licensed health facility if the individual has at least two (2) years of administrative experience in a licensed H.F. and has complied with the conditions of IC 25-19-1-3(a)(1).

(b) Under subsection (a), the director of the board may issue a provisional license to an individual who appears to be qualified; however, this license will be subject to the approval of the board at its next following meeting, at which time the board may withdraw the provisional license if it determines that the licensee fails to meet all applicable qualifications for said license.

(c) Experienced [*sic.*, *Experience*] gained under provisional licensure shall not satisfy the educational or A.I.T. requirements of section 4(a) of this rule. (*Indiana State Board of Health Facility Administrators; Rule 15; filed May 18, 1979, 9:02 a.m.: 2 IR 841; filed Sep 29, 1987, 2:08 p.m.: 11 IR 795; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2858*)

840 IAC 1-1-15 Preceptor program for administrator-in-training

Authority: IC 25-19-1-4

Affected: IC 25-19-1-3; IC 25-19-1-8

Sec. 15. The A.I.T. shall satisfactorily complete a course of instruction and training prescribed by the board that occurs in a comprehensive care facility and that shall include, but not be limited to, personnel, insurance, law, Medicare/Medicaid, accounting, maintenance, and physical plant, health and safety regulations, public and labor relations, patient activities, volunteer organization, dental care, pastoral care, general management, medical records, nursing services, food service, therapies and aspects of aging, corporate compliance, social services, ethical conduct, abuse prohibition, standards of competent practice, information systems, laundry, and housekeeping. (*Indiana State Board of Health Facility Administrators; Rule 16; filed May 18, 1979, 9:02 a.m.: 2 IR 841; filed Sep 12, 1985, 3:25 p.m.: 9 IR 285; filed Sep 29, 1987, 2:08 p.m.: 11 IR 795; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2858*)

840 IAC 1-1-16 Qualifications and duties of administrator-in-training

Authority: IC 25-19-1-4

Affected: IC 25-19-1-3; IC 25-19-1-8

Sec. 16. (a) The A.I.T. shall:

(1) file an A.I.T. application with the board and be approved prior to starting the internship program; and

(2) have met the requirements of IC 25-19-1-3(a)(1) and the educational attainments of section 4(a) of this rule at the time the application is filed.

(b) The A.I.T. shall:

(1) observe and become familiar with the responsibilities and duties of the preceptor and A.I.T.;

(2) be assigned responsibilities in each department, with experience on every shift, including weekends;

(3) not hold a position in the facility during the hours of the A.I.T. program;

(4) serve as an A.I.T. a minimum of thirty-two (32) hours per week, but no more than eight (8) hours daily;

(5) complete the program in a minimum of six (6) months and a maximum of twelve (12) months for a minimum total of one thousand forty (1,040) hours;

(6) seek and accept instruction and assistance from preceptor;

(7) notify the board on suitable forms of any change of status or discontinuance of the A.I.T. program; and

(8) forward to the board at the end of the A.I.T. program an affidavit stating the requirements of the program have been fulfilled.

(c) The A.I.T. may serve up to four (4) weeks of the internship in a setting other than the preceptor's facility.

(d) The board reserves the right to take appropriate action for failure of an A.I.T. to comply with the duties enumerated above. (*Indiana State Board of Health Facility Administrators; Rule 17; filed May 18, 1979, 9:02 a.m.: 2 IR 840; filed Sep 12, 1985, 3:25 p.m.: 9 IR 285; filed Sep 29, 1987, 2:08 p.m.: 11 IR 796; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2858*)

840 IAC 1-1-17 Qualifications and duties of preceptors

Authority: IC 25-19-1-8

Affected: IC 25-19-1-12

Sec. 17. (a) The applicant for approval as a preceptor shall file a new application for each A.I.T. applicant for whom the preceptor applicant desires to serve as a preceptor.

(b) In order to qualify as a preceptor, the applicant shall:

(1) be a currently licensed Indiana H.F.A.;

(2) file an application with the board and be approved prior to serving as the preceptor;

(3) have attended, within the five (5) years prior to applying to serve as a preceptor, a board approved educational program and forward to the board a certificate of completion;

(4) have active work experience as an H.F.A. for at least two (2) out of the immediate preceding three (3) years prior to the date of application; and

(5) not have any disciplinary action taken by the board against H.F.A. license in the last two (2) years.

(c) Each approved preceptor shall:

(1) act as a teacher rather than an employer and should provide the A.I.T. with educational opportunities;

(2) inform the board if the A.I.T. presents any problems that may affect the facility's service and operation, or the A.I.T.'s program;

(3) notify the board on suitable forms of any change of status or discontinuance of the A.I.T. program;

(4) submit to the board at the completion of the program an affidavit, as prescribed by the board, stating that the requirements of the A.I.T./preceptor program as stated in section 15 of this rule have been met;

(5) ensure that the records of A.I.T. programs are maintained for a period of five (5) years, during which time the board may request review of these records; and
(6) spend a majority of the required work hours during normal daytime business hours in the facility where training is to occur, except as deemed necessary to accommodate special situations or emergencies.
(d) The board reserves the right to take appropriate action for failure of a preceptor to comply with the duties enumerated above.

(e) A preceptor may not supervise more than one (1) A.I.T. at any given time, except at the discretion of the board.

(f) The preceptor approval expires when the A.I.T. applicant completes the course of instruction and training prescribed by the board or fails to complete the requirements of section 16 of this rule. (*Indiana State Board of Health Facility Administrators; Rule 18; filed May 18, 1979, 9:02 a.m.: 2 IR 843; filed Dec 31, 1981, 8:55 a.m.: 5 IR 398; filed Sep 12, 1985, 3:25 p.m.: 9 IR 286; filed Sep 29, 1987, 2:08 p.m.: 11 IR 796; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2859*)

840 IAC 1-1-18 Temporary permits

Authority: IC 25-19-1-3.5; IC 25-19-1-8
Affected: IC 25-19-1-3.5

Sec. 18. Persons holding a valid H.F.A. license in another state who seek licensure by endorsement in Indiana may be granted a temporary permit. Applicants for a temporary permit will be required to take the Indiana jurisprudence examination for licensure within ninety (90) days of its issuance. In addition to the provisions of IC 25-19-1-3.5, temporary permits of applicants who fail to appear for the scheduled examination will be invalidated. If the applicant presents compelling reasons to the board in writing for missing the scheduled examination, the board may allow the applicant to submit a new application for temporary permit. (*Indiana State Board of Health Facility Administrators; 840 IAC 1-1-18; filed Dec 22, 1987, 2:37 p.m.: 11 IR 1603; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2859*)

Rule 2. Continuing Education for Renewal of License

840 IAC 1-2-1 Continuing education; credit requirements

Authority: IC 25-19-1-4
Affected: IC 25-19-1

Sec. 1. (a) An H.F.A. who is not currently or previously licensed in another state is not required to complete the continuing education requirements for the two (2) year licensing period in which the license was issued.
(b) An H.F.A. must complete at least forty (40) continuing education hours during the previous two (2) year licensing period.

(c) If an H.F.A. attends an approved program in another state with a mandatory continuing education requirement, the board will accept the approved hours.

(d) Continuing education credit may not be carried over from one (1) biennial licensure renewal period to another.

(e) The forty (40) hours biennial continuing education requirement shall not be increased or decreased unless this section is duly amended and all licensees are notified in writing at the date of license renewal that the following renewal will require an increased or decreased number of hours of continuing education.

(f) The continuing education requirement shall be satisfied by participating in programs that must be conducted by a board approved sponsor.

(g) Continuing education courses offered by accredited colleges are acceptable if the course content pertains to the practice of H.F. administration.

(h) Accredited college courses related to the practice of H.F. administration are acceptable forms of continuing education. The following conversion will be used for continuing education credit:

(1) One (1) semester hour equals fifteen (15) contact hours.

(2) One (1) quarter hour equals ten (10) contact hours.

(*Indiana State Board of Health Facility Administrators; 840 IAC 1-2-1; filed Jan 5, 1984, 2:33 p.m.: 7 IR 577; filed Sep 29, 1987, 2:08 p.m.: 11 IR 797; filed Feb 14, 1991, 1:30 p.m.: 14 IR 1438; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2859; filed Feb 6, 2004, 9:15 a.m.: 27 IR 1881*)

840 IAC 1-2-2 Verification of attendance

Authority: IC 25-19-1-4
Affected: IC 25-19-1

Sec. 2. (a) The H.F.A. shall retain copies of certificates of completion for continuing education courses for three (3) years from the end of the licensing period for which the continuing education applied. The H.F.A. shall provide the board with copies of the certificates of completion upon the board's request for a compliance audit.

(b) Approved continuing education sponsors must retain the attendance records for a period of five (5) years, during which time the board may request review of these records. (*Indiana State Board of Health Facility Administrators; 840 IAC 1-2-2; filed Jan 5, 1984, 2:33 p.m.: 7 IR 577; filed Feb 14, 1991, 1:30 p.m.: 14 IR 1439; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2860*)

840 IAC 1-2-3 Reporting of credits (*Repealed*)

Sec. 3. (*Repealed by Indiana State Board of Health Facility Administrators; filed Sep 29, 1987, 2:08 pm: 11 IR 798*)

840 IAC 1-2-4 Approval of sponsor; responsibility

Authority: IC 25-19-1-4
Affected: IC 25-19-1

Sec. 4. (a) Sponsors of programs must file application with the board and be approved at least thirty (30) days prior to the date of the first presentation.

(b) The sponsor is responsible for monitoring attendance of programs in such a way that verification of attendance throughout the program can be reliably assured.

(c) Approval of a sponsor will be valid for a maximum period of one (1) year. All approvals expire on January 31 of each year.

(d) Under extenuating circumstances, the board may approve an application for a sponsor of continuing education programs which did not meet the thirty (30) day submission requirement. Such cases will be considered on an individual basis only. (*Indiana State Board of Health Facility Administrators; 840 IAC 1-2-4; filed Jan 5, 1984, 2:33 p.m.: 7 IR 577; filed Feb 14, 1991, 1:30 p.m.: 14 IR 1439; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2860*)

840 IAC 1-2-5 Exemptions

Authority: IC 25-19-1-4

Affected: IC 25-19-1

Sec. 5. Licensees who fail to comply with this rule shall not be issued a renewal license, except for the following exemptions:

(1) An H.F.A. who holds a valid license, but submits a statement from a physician or surgeon stating that the licensee is unable to practice due to illness or physical disability.

(2) An H.F.A. on active military duty.

(*Indiana State Board of Health Facility Administrators; 840 IAC 1-2-5; filed Jan 5, 1984, 2:33 p.m.: 7 IR 578; filed Sep 29, 1987, 2:08 p.m.: 11 IR 797; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2861*)

840 IAC 1-2-6 Persons exempt from fee

Authority: IC 25-19-1-4

Affected: IC 25-19-1

Sec. 6. (a) The Indiana state board of H.F.A. shall exempt the following from payment of a fee for continuing education sponsorship:

(1) Any state or federal agency.

(2) Any state funded school.

(b) Exemption from payment of a fee for continuing education sponsorship does not relieve the sponsor of any other requirements or duties prescribed by law. (*Indiana State Board of Health Facility Administrators; 840 IAC 1-2-6; filed May 2, 1985, 10:33 a.m.: 8 IR 1150; filed Sep 29, 1987, 2:08 p.m.: 11 IR 797; filed Feb 14, 1991, 1:30 p.m.: 14 IR 1439; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2861*)

840 IAC 1-2-7 Administrator-in-training program; preceptor experience credit

Authority: IC 25-19-1-4

Affected: IC 25-19-1-3; IC 25-19-1-8

Sec. 7. Two (2) credit hours of continuing education will be granted for each complete month an H.F.A. has served as preceptor for an approved A.I.T. program. (*Indiana State Board of Health Facility Administrators; 840 IAC 1-2-7; filed Sep 12, 1985, 3:25 p.m.: 9 IR 286; filed Sep 29, 1987, 2:08 p.m.: 11 IR 798; readopted filed May 1, 2002, 10:35 a.m.: 25 IR 2861*)

Rule 3. Schedule of Fees

840 IAC 1-3-1 Fees (Repealed)

Sec. 1. (*Repealed by Indiana State Board of Health Facility Administrators; filed Dec 26, 2001, 2:47 p.m.: 25 IR 1634*)

840 IAC 1-3-2 Fees

Authority: IC 25-1-8-2; IC 25-19-1-8; IC 25-19-1-

12

Affected: IC 25-19-1-5; IC 25-19-1-9

Sec. 2. (a) The board shall charge and collect the following fees:

Application for licensure	\$100
Application to repeat jurisprudence examination	\$100
Application to repeat national examination	\$50
License renewal	\$100 biennially
Provisional license	\$100
Preceptor application	\$50
Temporary permit	\$50
Verification of licensure	\$10
Duplicate wall license	\$10
Application for continuing education sponsorship	\$100

Continuing education sponsorship renewal \$100 annually

(b) Applicants required to take the national examination for licensure shall pay a fee directly to a professional examination service in the amount set by the examination service. (*Indiana State Board of Health Facility Administrators; 840 IAC 1-3-2; filed Dec 26, 2001, 2:47 p.m.: 25 IR 1634*)

ARTICLE 2. STANDARDS OF COMPETENT PRACTICE

Rule 1. Standards of Competent Practice

840 IAC 2-1-1 Statement of policy regarding the practice of health facility administration

Authority: IC 25-19-1-8

Affected: IC 25-19-1-7

Sec. 1. The health facility administrator is expected to:

(1) exercise ethical and sound decision making and judgment;

(2) assume leadership in his or her facility; and

(3) exemplify an administrative philosophy congruent with the mission and goals of the organization.

(*Indiana State Board of Health Facility Administrators; 840 IAC 21-1; filed Feb 1, 1999, 10:52 a.m.: 22 IR 2004; readopted filed Jun 13, 2005, 2:00 p.m.: 28 IR 3353*)

840 IAC 2-1-2 Organizational management

Authority: IC 25-19-1-8

Affected: IC 25-19-1-7

Sec. 2. With regard to organizational management, the health facility administrator shall comply with the following:

- (1) Not engage in fraudulent, misleading, or deceptive advertising in either form or content.
- (2) Not practice health facility administration unless the person holds a license, as required in 840 IAC 1-1-3, with such license at the time of practice not having a status of suspended, delinquent, or expired. An individual may not allow another person to present his or her license as their own and may not present as his or her own the license of another individual.
- (3) Not:

- (A) make or file a report or record that the licensee knows to be false;
- (B) fail to file a report or record required by federal or state law;
- (C) impede or obstruct such filing; or
- (D) induce another person to impede or obstruct such filing.

- (4) Set in place a functional table of organization with standards of accountability and hold department heads accountable for the performance of their respective departments.

- (5) Review and consider for possible implementation, reports from various sources to maintain or improve resident care and quality of life.

- (6) Not practice health facility administration in more than one (1) health facility simultaneously.

(Indiana State Board of Health Facility Administrators; 840 IAC 21-2; filed Feb 1, 1999, 10:52 a.m.: 22 IR 2004; readopted filed Jun 13, 2005, 2:00 p.m.: 28 IR 3353)

840 IAC 2-1-3 Resident care

Authority: IC 25-19-1-8

Affected: IC 25-19-1-7

Sec. 3. With regard to resident care, the health facility administrator shall develop and administer resident centered policies that do the following:

- (1) Ensure the health, safety, welfare, and rights of the residents.
- (2) Govern continuing care, related medical, and other services provided by the facility to provide the highest practicable mental, physical, and psychosocial well-being for each resident in a healthy, safe, and homelike environment.
- (3) Evaluate the quality of resident care, residents' rights, and quality of life. Identify strengths and weaknesses and set in place measures for the improvement where necessary, evaluate progress, and institute appropriate follow-up activities.
- (4) Ensure residents are free from:
 - (A) sexual abuse;

- (B) physical abuse;
- (C) mental abuse;
- (D) corporal punishment;
- (E) exploitation;
- (F) neglect; and
- (G) involuntary seclusion.

- (5) Protect resident personal funds and property.
(Indiana State Board of Health Facility Administrators; 840 IAC 21-3; filed Feb 1, 1999, 10:52 a.m.: 22 IR 2004; readopted filed Jun 13, 2005, 2:00 p.m.: 28 IR 3353)

840 IAC 2-1-4 Personnel management

Authority: IC 25-19-1-8

Affected: IC 25-19-1-7

Sec. 4. With regard to personnel management, the health facility administrator shall do the following:

- (1) Implement personnel policies and procedures that:

- (A) define job responsibilities, accountability, and the performance appraisal process; and
- (B) emphasize the importance of resident satisfaction.

- (2) Promote:

- (A) job satisfaction;
- (B) commitment to quality care; and
- (C) residents' rights;

by assuring that a program is in place to provide for the recruitment, hiring, retention, training, and development of competent facility staff.

- (3) Ensure that personnel are present in number and ability to attain or maintain the highest practicable level of physical, mental, and psychosocial well-being for each resident.

(Indiana State Board of Health Facility Administrators; 840 IAC 21-4; filed Feb 1, 1999, 10:52 a.m.: 22 IR 2005; readopted filed Jun 13, 2005, 2:00 p.m.: 28 IR 3353)

840 IAC 2-1-5 Regulatory management

Authority: IC 25-19-1-8

Affected: IC 25-19-1-7

Sec. 5. With regard to regulatory management, the health facility administrator shall develop and administer policies and procedures that comply with the following:

- (1) Protect residents, employees, or staff from discrimination consistent with federal, state, and local laws and regulations.
- (2) Protect resident records from unauthorized disclosure of confidential information.
- (3) Ensure that the facility complies with federal, state, and local laws and regulations.
- (4) Not allow payment or offer payment or other valuable consideration to any person or organization outside the facility for health facility admissions in violation of federal, state, and local laws and regulations.
- (5) Correct deficiencies found in the health facility resulting from a survey conducted by the Indiana state department of health or other appropriate

regulatory agency in a timeframe as established by such agency.
(Indiana State Board of Health Facility Administrators; 840 IAC 21-5; filed Feb 1, 1999, 10:52 a.m.: 22 IR 2005; readopted filed Jun 13, 2005, 2:00 p.m.: 28 IR 3353)

840 IAC 2-1-6 Financial management

Authority: IC 25-19-1-8

Affected: IC 25-19-1-7

Sec. 6. With regard to financial management, the health facility administrator shall do the following:

- (1) Work with the governing body and/or owner to plan, implement, and evaluate an integrated financial program for the facility which ensures compliance with applicable laws and regulations and quality of care and life.
- (2) Evaluate the implications of the budget on the quality of care and life and share such with the governing body and/or own*(Indiana State Board of Health Facility Administrators; 840 IAC 21-6; filed Feb 1, 1999, 10:52 a.m.: 22 IR 2005; readopted filed Jun 13, 2005, 2:00 p.m.: 28 IR 3353)*

840 IAC 2-1-7 Environmental management

Authority: IC 25-19-1-8

Affected: IC 25-19-1-7

Sec. 7. With regard to environmental management, the health facility administrator shall plan, implement, and evaluate a program of environmental services that does the following:

- (1) Ensures that the nursing facility, its equipment, and its grounds are maintained in a way that protects the health, safety, and welfare, and rights of residents, families, staff, and others.
 - (2) Provides a clean and attractive homelike environment for the residents.
- (Indiana State Board of Health Facility Administrators; 840 IAC 21-7; filed Feb 1, 1999, 10:52 a.m.: 22 IR 2005; readopted filed Jun 13, 2005, 2:00 p.m.: 28 IR 3353)*

ARTICLE 16.2. HEALTH FACILITIES; LICENSING AND OPERATIONAL STANDARDS

Rule 0.5. Preamble

410 IAC 16.2-0.5-1 Preamble

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 1. (a) This article is intended for:

- (1) the operation of health facilities in Indiana in meeting the long term care needs of residents;
 - (2) state surveyors in determining compliance with this article for the purpose of licensure; and
 - (3) the state survey agency in the application of remedies.
- (b) This article includes provisions dealing with the following:
- (1) Residents' rights.
 - (2) The administration and management of health facilities.
 - (3) Sanitation and safety standards.

- (4) Assessment of residents' needs.
- (5) Medical and nursing services.
- (6) Food and nutrition services.
- (7) Infection control.
- (8) Activities and social services programs.
- (9) Clinical records.

(c) This article was developed in the spirit of focusing on potential and actual outcomes of care. This article is intended to focus on achieving the best practicable health and happiness of residents, and preventing systemic, adverse events.

(d) The department recognizes that creative and innovative methods not contemplated by this article can be developed by health facilities in caring for residents. This article is not intended to stifle or discourage such creative and innovative methods of care giving when it can be shown that residents' needs are being met. *(Indiana State Department of Health; 410 IAC 16.2-0.5-1; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1518, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

Rule 1. Definitions

410 IAC 16.2-1-0.5 Applicability (Repealed)

Sec. 0.5. *(Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)*

410 IAC 16.2-1-1 Abuse defined (Repealed)

Sec. 1. *(Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)*

410 IAC 16.2-1-2 Activities of daily living defined (Repealed)

Sec. 2. *(Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)*

410 IAC 16.2-1-2.1 "Administrator" defined (Repealed)

Sec. 2.1. *(Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)*

410 IAC 16.2-1-2.2 "Ambulation" defined (Repealed)

Sec. 2.2. *(Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)*

410 IAC 16.2-1-3 Assessment defined (Repealed)

Sec. 3. *(Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)*

410 IAC 16.2-1-3.5 "Bathing" defined (Repealed)

Sec. 3.5. *(Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)*

410 IAC 16.2-1-4 Board defined (Repealed)

Sec. 4. (Repealed by Indiana State Department of Health; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1588, eff Apr 1, 1997)

410 IAC 16.2-1-5 "Certification" defined (Repealed)

Sec. 5. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-6 "Children" defined (Repealed)

Sec. 6. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-6.5 "Comfortable and safe temperature levels" defined (Repealed)

Sec. 6.5. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-7 "Communicable disease" defined (Repealed)

Sec. 7. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-8 "Comprehensive care facility" defined (Repealed)

Sec. 8. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-9 "Construction type" defined (Repealed)

Sec. 9. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-10 Council defined (Repealed)

Sec. 10. (Repealed by Indiana State Department of Health; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1588, eff Apr 1, 1997)

410 IAC 16.2-1-10.1 "Convenience" defined (Repealed)

Sec. 10.1. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-10.2 "Department" defined (Repealed)

Sec. 10.2. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-11 "Developmentally disabled" defined (Repealed)

Sec. 11. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-12 Dietitian defined (Repealed)

Sec. 12. (Repealed by Indiana State Department of Health; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1588, eff Apr 1, 1997)

410 IAC 16.2-1-12.5 "Discipline" defined (Repealed)

Sec. 12.5. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-13 Distinct part defined (Repealed)

Sec. 13. (Repealed by Indiana State Department of Health; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1588, eff Apr 1, 1997)

410 IAC 16.2-1-14 "Division" defined (Repealed)

Sec. 14. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-14.1 "Dressing" defined (Repealed)

Sec. 14.1. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-14.2 "Eating" defined (Repealed)

Sec. 14.2. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-15 "Emergency" defined (Repealed)

Sec. 15. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-15.1 "Exercising rights" defined (Repealed)

Sec. 15.1. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-15.2 "Functional furniture appropriate to resident's needs" defined (Repealed)

Sec. 15.2. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-15.3 "Grooming" defined (Repealed)

Sec. 15.3. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-16 "Habilitation" defined (Repealed)

Sec. 16. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-17 "Health care facilities for children" defined (Repealed)

Sec. 17. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-18 "Health facility license" defined (Repealed)

Sec. 18. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-18.1 "Highest practicable" defined (Repealed)

Sec. 18.1. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-18.2 "Infectious" defined (Repealed)

Sec. 18.2. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-19 "Intermediate care facility for the mentally retarded" defined (Repealed)

Sec. 19. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-19.1 "Legal representative" defined (Repealed)

Sec. 19.1. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-20 "Licensed practical nurse" defined (Repealed)

Sec. 20. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-21 "Licensee" defined (Repealed)

Sec. 21. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-22 "Medical records practitioner" defined (Repealed)

Sec. 22. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-22.1 "Medication error" defined (Repealed)

Sec. 22.1. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-22.2 "Misappropriation of property" defined (Repealed)

Sec. 22.2. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-23 "Mobile" defined (Repealed)

Sec. 23. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-24 "Modified diet" defined (Repealed)

Sec. 24. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-25 "Neglect" defined (Repealed)

Sec. 25. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-26 "Nurse aide" defined (Repealed)

Sec. 26. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-26.1 "Nurse practitioner" defined (Repealed)

Sec. 26.1. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-27 "Nursing care" defined (Repealed)

Sec. 27. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-27.1 "Nursing staff" defined (Repealed)

Sec. 27.1. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-28 "Pharmacist" defined (Repealed)

Sec. 28. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-29 "Physician" defined (Repealed)

Sec. 29. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-29.1 "Physician orders" defined (Repealed)

Sec. 29.1. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-30 "Policy manual" defined (Repealed)

Sec. 30. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-31 "Psychologist" defined (Repealed)

Sec. 31. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-31.1 "Qualified medication aide" defined (Repealed)

Sec. 31.1. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-32 "Qualified mental retardation professional" defined (Repealed)

Sec. 32. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-32.1 "Range of motion" defined (Repealed)

Sec. 32.1. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-32.2 "Recreation area" defined (Repealed)

Sec. 32.2. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-33 "Registered nurse" defined (Repealed)

Sec. 33. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-34 "Rehabilitation" defined (Repealed)

Sec. 34. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-35 "Resident" defined (Repealed)

Sec. 35. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-36 "Residential care facility" defined (Repealed)

Sec. 36. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-37 "Respite care" defined (Repealed)

Sec. 37. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-38 "Restraint" defined (Repealed)

Sec. 38. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-39 "Seclusion" defined (Repealed)

Sec. 39. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-39.1 "Significant change" defined (Repealed)

Sec. 39.1. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-40 Sponsor defined (Repealed)

Sec. 40. (Repealed by Indiana State Department of Health; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1588, eff Apr 1, 1997)

410 IAC 16.2-1-41 Standing order defined (Repealed)

Sec. 41. (Repealed by Indiana State Department of Health; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1588, eff Apr 1, 1997)

410 IAC 16.2-1-41.1 "Sufficient space" defined (Repealed)

Sec. 41.1. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-42 "Supervise" defined (Repealed)

Sec. 42. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-43 Surrogate defined (Repealed)

Sec. 43. (Repealed by Indiana State Department of Health; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1588, eff Apr 1, 1997)

410 IAC 16.2-1-44 "Therapist" defined (Repealed)

Sec. 44. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-45 "Toileting" defined (Repealed)

Sec. 45. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-46 "Total health status" defined (Repealed)

Sec. 46. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-47 "Transfer" defined (Repealed)

Sec. 47. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-1-48 "Written" defined (Repealed)

Sec. 48. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

Rule 1.1. Definitions

410 IAC 16.2-1.1-1 Applicability

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 1. The definitions in this rule apply throughout this article, except as noted. (Indiana State Department of Health; 410 IAC 16.2-1.1-1; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1902, eff Mar 1, 2003)

410 IAC 16.2-1.1-2 "Abuse" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 2. "Abuse" means any physical or mental injury or sexual assault inflicted on a resident in the facility, other than by accidental means. (Indiana State Department of Health; 410 IAC 16.2-1.1-2; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1902, eff Mar 1, 2003)

410 IAC 16.2-1.1-3 "Activities of daily living" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 3. "Activities of daily living" means mobility, eating, dressing, bathing, toileting, and transferring. (Indiana State Department of Health; 410 IAC 16.2-1.1-3; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1902, eff Mar 1, 2003)

410 IAC 16.2-1.1-4 "Administration of medications" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 4. "Administration of medications" means preparation and/or distribution of prescribed medications. This does not include reminders, cues, and/or opening of medication containers or assistance with eye drops, when requested by a resident. (Indiana State Department of Health; 410 IAC 16.2-1.1-4; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1903, eff Mar 1, 2003)

410 IAC 16.2-1.1-5 "Administrator" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28; IC 25-19-1

Sec. 5. "Administrator" means a person holding a valid license under IC 25-19-1. (Indiana State Department of Health; 410 IAC 16.2-1.1-5; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1903, eff Mar 1, 2003)

410 IAC 16.2-1.1-6 "Advance directives" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 6. "Advance directives" means a written instrument, such as a living will or durable power of attorney for health care, recognized under state law, relating to the provision of health care when the individual is incapacitated. (Indiana State Department of Health; 410 IAC 16.2-1.1-6; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1903, eff Mar 1, 2003)

410 IAC 16.2-1.1-7 "Ambulation" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 7. "Ambulation" means walking, once in a standing position. (Indiana State Department of Health; 410 IAC 16.2-1.1-7; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1903, eff Mar 1, 2003)

410 IAC 16.2-1.1-8 "Assessment" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 8. "Assessment" means the identification of an individual's present level of strengths, abilities, and needs and the conditions that impede the individual's development or functioning. (Indiana State Department of Health; 410 IAC 16.2-1.1-8; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1903, eff Mar 1, 2003)

410 IAC 16.2-1.1-9 "Bathing" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 9. "Bathing" means washing and drying the body (excluding the back and shampooing the hair), including:

- (1) full-body bath;
- (2) sponge bath;
- (3) preparatory activities; and
- (4) transferring into and out of the tub and shower.

(Indiana State Department of Health; 410 IAC 16.2-1.1-9; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1903, eff Mar 1, 2003)

410 IAC 16.2-1.1-10 "Certification" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 10. "Certification" means that the federal Department of Health and Human Services has determined a facility to be in compliance with applicable statutory or regulatory requirements and standards for the purposes of participation as a provider of care and service for Title XVIII or Title XIX, or both, of the federal Social Security Act. (Indiana State Department of Health; 410 IAC 16.2-1.1-10; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1903, eff Mar 1, 2003)

410 IAC 16.2-1.1-11 "Children" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 11. "Children" means individuals who:

- (1) are less than eighteen (18) years of age and not legally emancipated; or
- (2) if older:

- (A) require by the reason of physical or mental handicap, care of the type usually accepted as pediatric; or
- (B) are suffering from a handicap or ailment which, in the judgment of the attending physician, indicates that the child care facility is more appropriate to their needs than an adult care facility.

(Indiana State Department of Health; 410 IAC 16.2-1.1-11; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1903, eff Mar 1, 2003)

410 IAC 16.2-1.1-11.5 "Cognitive" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

Sec. 11.5. "Cognitive" means a person's ability:

- (1) for short and long term memory or recall;
- (2) to make decisions regarding the tasks of daily living; and
- (3) to make self understood.

(Indiana State Department of Health; 410 IAC 16.2-1.1-11.5; filed Jul 22, 2004, 10:05 a.m.: 27 IR 3987)

410 IAC 16.2-1.1-12 "Comfortable and safe temperature levels" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 12. "Comfortable and safe temperature levels" means that the ambient temperature should be in a relatively narrow range, seventy-one (71) degrees Fahrenheit to eighty-one (81) degrees Fahrenheit, that minimizes residents' susceptibility to the loss of body heat and risk of hypothermia or susceptibility to respiratory ailments and colds. (Indiana State Department of Health; 410 IAC 16.2-1.1-12; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1903, eff Mar 1, 2003)

410 IAC 16.2-1.1-13 "Communicable disease" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 13. "Communicable disease" means communicable disease as defined in 410 IAC 1-2.3-11. (Indiana State Department of Health; 410 IAC 16.2-1.1-13; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1904, eff Mar 1, 2003)

410 IAC 16.2-1.1-14 "Comprehensive care facility" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 14. "Comprehensive care facility" means a health facility that provides nursing care, room, food, laundry, administration of medications, special diets, and treatments and that may provide rehabilitative and restorative therapies

under the order of an attending physician. (Indiana State Department of Health; 410 IAC 16.2-1.1-14; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1904, eff Mar 1, 2003)

410 IAC 16.2-1.1-15 "Comprehensive nursing care" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 15. "Comprehensive nursing care" includes, but is not limited to, the following:

- (1) Intravenous feedings.
- (2) Enteral feeding.
- (3) Nasopharyngeal and tracheostomy aspiration.
- (4) Insertion and sterile irrigation and replacement of suprapubic catheters.
- (5) Application of dressings to wounds that:
 - (A) require use of sterile techniques, packing, or irrigation; or
 - (B) are infected or otherwise complicated.
- (6) Treatment of Stages 2, 3, and 4 pressure ulcers or other widespread skin disorders.
- (7) Heat treatments that have been specifically ordered by a physician as part of active treatment and require observation by nurses to adequately evaluate the process.
- (8) Initial phases of a regimen involving administration of medical gases.

(Indiana State Department of Health; 410 IAC 16.2-1.1-15; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1904, eff Mar 1, 2003)

410 IAC 16.2-1.1-16 "Construction type" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 16. "Construction type" means the type of construction as established by the rules of the fire prevention and building safety commission (675 IAC). (Indiana State Department of Health; 410 IAC 16.2-1.1-16; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1904, eff Mar 1, 2003)

410 IAC 16.2-1.1-17 "Convenience" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 17. "Convenience" means any action taken by the facility to control resident behavior or maintain residents with a lesser amount of effort by the facility and not in the resident's best interest. (Indiana State Department of Health; 410 IAC 16.2-1.1-17; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1904, eff Mar 1, 2003)

410 IAC 16.2-1.1-18 "Department" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 18. "Department" means the Indiana state department of health. (Indiana State Department of Health; 410 IAC 16.2-1.1-18; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1904, eff Mar 1, 2003)

410 IAC 16.2-1.1-19 "Developmentally disabled" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 19. "Developmentally disabled" means a personal disability that:

(1) is attributable to:

- (A) mental retardation, cerebral palsy, epilepsy, or autism;
- (B) any other condition found to be closely related to mental retardation because this condition results in similar impairment of general intellectual functioning or adaptive behavior or requires similar treatment and services; or
- (C) dyslexia resulting from a disability described in this section;

(2) originates before the person is eighteen (18) years of age; and

(3) has continued or is expected to continue indefinitely and constitutes a substantial handicap to the person's ability to function normally in society.

(Indiana State Department of Health; 410 IAC 16.2-1.1-19; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1904, eff Mar 1, 2003)

410 IAC 16.2-1.1-19.3 "Dining assistant" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 19.3. "Dining assistant" means an individual who is paid to feed residents by a facility or who is used under an arrangement with another agency or organization. (Indiana State Department of Health; 410 IAC 16.2-1.1-19.3; filed Aug 11, 2004, 11:00 a.m.: 28 IR 189)

410 IAC 16.2-1.1-20 "Discipline" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 20. "Discipline" means any action taken by the facility for the express purpose of punishing or penalizing residents. (Indiana State Department of Health; 410 IAC 16.2-1.1-20; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1904, eff Mar 1, 2003)

410 IAC 16.2-1.1-21 "Division" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 21. "Division" means the part of the Indiana state department of health responsible for survey, licensure, and enforcement of health facilities. (Indiana State Department of Health; 410 IAC 16.2-1.1-21; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1904, eff Mar 1, 2003)

410 IAC 16.2-1.1-22 "Dressing" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 22. "Dressing" means selecting, obtaining, putting on, fastening, and taking off all items of clothing, including

donning or removing braces and artificial limbs. (Indiana State Department of Health; 410 IAC 16.2-1.1-22; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1905, eff Mar 1, 2003)

410 IAC 16.2-1.1-23 "Eating" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 23. "Eating" means how a resident ingests and drinks, regardless of selffeeding skills. (Indiana State Department of Health; 410 IAC 16.2-1.1-23; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1905, eff Mar 1, 2003)

410 IAC 16.2-1.1-24 "Emergency" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 24. "Emergency" means a situation or physical condition that presents imminent danger of death or serious physical or mental harm to one (1) or more residents of a facility. (Indiana State Department of Health; 410 IAC 16.2-1.1-24; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1905, eff Mar 1, 2003)

410 IAC 16.2-1.1-25 "Exercising rights" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 25. "Exercising rights" means that the residents have autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility's rules, as long as those rules do not violate a regulatory requirement. (Indiana State Department of Health; 410 IAC 16.2-1.1-25; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1905, eff Mar 1, 2003)

410 IAC 16.2-1.1-26 "Grooming" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 26. "Grooming" means maintaining personal hygiene, including the following:

- (1) Preparatory activities.
- (2) Combing hair.
- (3) Washing and drying face, hands, and perineum.
- (4) Brushing teeth.
- (5) If applicable, shaving or applying makeup.

(Indiana State Department of Health; 410 IAC 16.2-1.1-26; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1905, eff Mar 1, 2003)

410 IAC 16.2-1.1-27 "Habilitation" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 27. "Habilitation" means programs and activities designed to help a resident develop and maintain a level of independence and selfsufficiency consistent with individual capabilities and performance levels. (Indiana State Department of Health; 410 IAC 16.2-1.1-27; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1905, eff Mar 1, 2003)

410 IAC 16.2-1.1-28 "Health care facilities for children" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 28. "Health care facilities for children" means those facilities that provide nursing care, habilitative and rehabilitative procedures, room, food, and laundry for children who, because of handicaps, require such care. (*Indiana State Department of Health; 410 IAC 16.2-1.1-28; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1905, eff Mar 1, 2003*)

410 IAC 16.2-1.1-29 "Health facility license" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-2

Sec. 29. "Health facility license" means any instrument issued pursuant to IC 16-28-2 by the department to any person or persons demonstrating compliance with the laws and rules governing such issuance. (*Indiana State Department of Health; 410 IAC 16.2-1.1-29; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1905, eff Mar 1, 2003*)

410 IAC 16.2-1.1-30 "Highest practicable" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 30. "Highest practicable" means the highest level of functioning and well-being possible, limited by the individual's present functional status, and potential for improvement or reduced rate of functional decline. (*Indiana State Department of Health; 410 IAC 16.2-1.1-30; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1905, eff Mar 1, 2003*)

410 IAC 16.2-1.1-31 "Home health aide" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 31. "Home health aide" means an individual whose name is on the home health aide registry with no findings. (*Indiana State Department of Health; 410 IAC 16.2-1.1-31; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1905, eff Mar 1, 2003*)

410 IAC 16.2-1.1-32 "Infectious" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 32. "Infectious" means capable of spreading infection. (*Indiana State Department of Health; 410 IAC 16.2-1.1-32; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1905, eff Mar 1, 2003*)

410 IAC 16.2-1.1-33 "Intermediate care facility for the mentally retarded (or persons with related conditions)" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 33. "Intermediate care facility for the mentally retarded (or persons with related conditions)" means a health facility that provides active treatment for each developmentally disabled resident. In addition, the facility provides nursing care, room, food, laundry, administration of medications,

modified diets, and treatments. A facility is only for developmentally disabled residents, and the facility shall be designed to enhance the development of these individuals, to maximize achievement through an interdisciplinary approach based on development principles and to create the least restrictive environment. (*Indiana State Department of Health; 410 IAC 16.2-1.1-33; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1906, eff Mar 1, 2003*)

410 IAC 16.2-1.1-34 "Legal representative" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28; IC 16-36-1-5

Sec. 34. "Legal representative" means a person who is:

- (1) a guardian;
- (2) a health care representative;
- (3) an attorney in fact; or
- (4) a person authorized by IC 16-36-1-5 to give health care consent.

(*Indiana State Department of Health; 410 IAC 16.2-1.1-34; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1906, eff Mar 1, 2003*)

410 IAC 16.2-1.1-35 "Licensed practical nurse" or "LPN" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28; IC 25-23-1-2

Sec. 35. "Licensed practical nurse" or "LPN" means an individual as defined in IC 25-23-1-12. (*Indiana State Department of Health; 410 IAC 16.2-1.1-35; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1906, eff Mar 1, 2003*)

410 IAC 16.2-1.1-36 "Licensee" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-2

Sec. 36. "Licensee" means the individual, partnership, corporation, association, company, and legal successor thereof who holds a valid license issued pursuant to IC 16-28-2. (*Indiana State Department of Health; 410 IAC 16.2-1.1-36; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1906, eff Mar 1, 2003*)

410 IAC 16.2-1.1-37 "Medical records practitioner" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 37. "Medical records practitioner" means a person who is certified as or is eligible for certification as a registered health information administrator (RHIA) or an [*sic.*, a] registered health information technician (RHIT) by the American Health Information Management Association under its requirements. (*Indiana State Department of Health; 410 IAC 16.2-1.1-37; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1906, eff Mar 1, 2003*)

410 IAC 16.2-1.1-38 "Medically stable" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 38. "Medically stable" means that a person's clinical condition is predictable, does not change rapidly, and medical orders are not likely to involve complex modifications or frequent changes except as appropriate to adjust medication dosage levels.

(Indiana State Department of Health; 410 IAC 16.2-1.1-38; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1906, eff Mar 1, 2003)

410 IAC 16.2-1.1-39 "Medication error" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 39. "Medication error" means a discrepancy between what the physician ordered and what was or was not administered. (Indiana State Department of Health; 410 IAC 16.2-1.1-39; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1906, eff Mar 1, 2003)

410 IAC 16.2-1.1-40 "Minor regimens" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 40. "Minor regimens" includes, but is not limited to, the following:

- (1) Assistance with self-maintained exdwelling and indwelling catheter care and intermittent catheterization for a chronic condition.
- (2) Prophylactic and palliative skin care, including application of creams or ointments for treatment of minor skin problems.
- (3) Routine dressing that does not require packing or irrigation, but is for abrasions, skin tears, closed surgical wounds, and chronic skin conditions.
- (4) General maintenance care of ostomy, including routine change of bag with care and maintenance of surrounding tissue.
- (5) Restorative nursing assistance, including passive and/or active assisted range of motion.
- (6) Toileting care including assistance in use of adult briefs and cues for bowel and bladder training.
- (7) Routine blood glucose testing involving a finger-stick method.
- (8) Enema and digital stool removal therapies.
- (9) General maintenance care in connection with braces, splints, and plaster casts.
- (10) Observation of self-maintained prosthetic devices.
- (11) Administration of subcutaneous or intramuscular injections.
- (12) Metered dose inhalers, nebulizer/aerosol treatments self-administered by a resident, and routine administration of medical gases after a therapy regimen has been established.

(Indiana State Department of Health; 410 IAC 16.2-1.1-40; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1906, eff Mar 1, 2003)

410 IAC 16.2-1.1-41 "Misappropriation of property" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 41. "Misappropriation of property" means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. (Indiana State Department of Health; 410 IAC 16.2-1.1-41; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1907, eff Mar 1, 2003)

410 IAC 16.2-1.1-42 "Mobile" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 42. "Mobile" means able to move from place to place by ambulation or with the assistance of a wheelchair or other device. (Indiana State Department of Health; 410 IAC 16.2-1.1-42; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1907, eff Mar 1, 2003)

410 IAC 16.2-1.1-43 "Modified diet" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 43. "Modified diet" means an adjustment of the regular diet that alters the calorie value, nutritive content, or consistency of the food. (Indiana State Department of Health; 410 IAC 16.2-1.1-43; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1907, eff Mar 1, 2003)

410 IAC 16.2-1.1-44 "Neglect" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 44. "Neglect" means:

- (1) an act or omission that places a resident in a situation that may endanger the resident's life or health;
- (2) abandoning or cruelly confining the resident;
- (3) depriving the resident of necessary support, including food, clothing, shelter, and medical care; or
- (4) depriving the resident of education as required by statute.

(Indiana State Department of Health; 410 IAC 16.2-1.1-44; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1907, eff Mar 1, 2003)

410 IAC 16.2-1.1-45 "Nurse aide" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 45. "Nurse aide" means an individual as defined in 42 CFR 483.75(e)(1). (Indiana State Department of Health; 410 IAC 16.2-1.1-45; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1907, eff Mar 1, 2003)

410 IAC 16.2-1.1-46 "Nurse practitioner" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28; IC 25-23-1

Sec. 46. "Nurse practitioner" means an individual as defined in IC 25-23-1. (Indiana State Department of Health; 410 IAC 16.2-1.1-46; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1907, eff Mar 1, 2003)

410 IAC 16.2-1.1-47 "Nursing care" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 47. "Nursing care" means those activities, including:

- (1) identifying human responses to actual or potential health conditions;
- (2) deriving a nursing diagnosis;
- (3) executing a nursing treatment regimen based on the nursing diagnosis;
- (4) teaching health care practices;
- (5) advocating provision of necessary health care services through collaboration with other health service personnel;
- (6) executing regimens as prescribed by a physician, licensed chiropractor, dentist, optometrist, podiatrist, or nurse practitioner and
- (7) administering, supervising, delegating, and evaluating nursing activities.

(Indiana State Department of Health; 410 IAC 16.2-1.1-47; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1907, eff Mar 1, 2003)

410 IAC 16.2-1.1-48 "Nursing staff" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 48. "Nursing staff" means, at a minimum, licensed nurses and nurse aides. Nurse aides must meet the training and competency requirements required by the state. (Indiana State Department of Health; 410 IAC 16.2-1.1-48; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1907, eff Mar 1, 2003)

410 IAC 16.2-1.1-49 "Pharmacist" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28; IC 25-26-13

Sec. 49. "Pharmacist" means an individual as defined in IC 25-26-13. (Indiana State Department of Health; 410 IAC 16.2-1.1-49; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1907, eff Mar 1, 2003)

410 IAC 16.2-1.1-50 "Physician" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28; IC 25-22.5-1-1.1

Sec. 50. "Physician" means an individual as defined in IC 25-22.5-1-1.1. (Indiana State Department of Health; 410 IAC 16.2-1.1-50; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1908, eff Mar 1, 2003)

410 IAC 16.2-1.1-51 "Physician orders" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 51. "Physician orders" means those orders facility staff need to provide essential care to the resident, consistent with the resident's mental and physical status. At a minimum, these orders include dietary, medications, and routine care to maintain or improve the resident's functional abilities. (Indiana State Department of Health; 410 IAC 16.2-

1.1-51; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1908, eff Mar 1, 2003)

410 IAC 16.2-1.1-52 "Policy manual" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 52. "Policy manual" means a document that details the administrative and operating plan of the facility. (Indiana State Department of Health; 410 IAC 16.2-1.1-52; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1908, eff Mar 1, 2003)

410 IAC 16.2-1.1-53 "Psychologist" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28; IC 25-33-1

Sec. 53. "Psychologist" means a person as defined in IC 25-33-1. (Indiana State Department of Health; 410 IAC 16.2-1.1-53; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1908, eff Mar 1, 2003)

410 IAC 16.2-1.1-54 "Qualified medication aide" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 54. "Qualified medication aide" means an individual who has satisfactorily completed the state qualified medication aide course and test. (Indiana State Department of Health; 410 IAC 16.2-1.1-54; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1908, eff Mar 1, 2003)

410 IAC 16.2-1.1-55 "Qualified mental retardation professional" or "QMRP" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28; IC 25-22.5-5; IC 25-23-1-11; IC 25-27; IC 25-35.6-3

Sec. 55. "Qualified mental retardation professional" or "QMRP" means a person who has specialized training or one (1) year of experience in treating the mentally retarded and is one (1) of the following:

- (1) A psychologist with a master's degree from an accredited program.
- (2) A licensed doctor of medicine or osteopathy.
- (3) An educator with a degree in education from an accredited program.
- (4) A social worker with a bachelor's or master's degree in social work from an accredited program or a bachelor's or master's degree in a field other than social work and at least three (3) years of social work experience under the supervision of a qualified social worker.
- (5) An occupational therapist who:
 - (A) is a graduate of an occupational therapy curriculum accredited jointly by the council on medical education of the American Medical Association and the American Occupational Therapy Association;
 - (B) is eligible for certification by the American Occupational Therapy

Association under its requirements in effect on September 29, 1978; or
(C) has two (2) years of appropriate experience as an occupational therapist and has achieved a satisfactory grade on the approved proficiency examination, except that such determinations of proficiency shall not apply with respect to persons initially licensed by the state or seeking initial qualifications as an occupational therapist after December 31, 1977.

(6) A speech pathologist or audiologist licensed pursuant to IC 25-35.6-3.

(7) A registered nurse licensed pursuant to IC 25-23-1-11.

(8) A therapeutic recreation specialist who is a graduate of an accredited program.

(9) A rehabilitative counselor who is certified by the Committee of Rehabilitation Counselor Certification.

(10) A physical therapist who is licensed pursuant to IC 25-27.

(Indiana State Department of Health; 410 IAC 16.2-1.1-55; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1908, eff Mar 1, 2003)

410 IAC 16.2-1.1-56 "Range of motion" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 56. "Range of motion" means the extent of movement of a joint. (Indiana State Department of Health; 410 IAC 16.2-1.1-56; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1908, eff Mar 1, 2003)

410 IAC 16.2-1.1-57 "Recreation area" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 57. "Recreation area" means:

(1) an area where residents can enjoy fresh air, either inside or outside the facility, for example:

- (A) balcony;
- (B) porch;
- (C) patio;
- (D) courtyard; or
- (E) solarium; and

(2) an inside area used primarily for activities organized by the facility.

(Indiana State Department of Health; 410 IAC 16.2-1.1-57; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1908, eff Mar 1, 2003)

410 IAC 16.2-1.1-58 "Registered nurse" or "RN" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28; IC 25-23-1-11

Sec. 58. "Registered nurse" or "RN" means an individual as defined in IC 25-23-1-11. (Indiana State Department of Health; 410 IAC 16.2-1.1-58; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1909, eff Mar 1, 2003)

410 IAC 16.2-1.1-59 "Rehabilitation" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 59. "Rehabilitation" means programs and activities implemented as a component of a treatment plan or in support of a plan to restore a resident to his or her optimal level of physical and psychosocial functions. (Indiana State Department of Health; 410 IAC 16.2-1.1-59; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1909, eff Mar 1, 2003)

410 IAC 16.2-1.1-60 "Rehabilitative therapy" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 60. "Rehabilitative therapy" means:

- (1) physical therapy;
- (2) occupational therapy;
- (3) respiratory therapy;
- (4) speech therapy;
- (5) mental health therapy; and
- (6) other medically-recognized therapies.

(Indiana State Department of Health; 410 IAC 16.2-1.1-60; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1909, eff Mar 1, 2003)

410 IAC 16.2-1.1-61 "Resident" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 61. "Resident" means a person residing and receiving care in a health facility. For purposes of exercising the resident's rights, such rights may be exercised by the resident or his or her legal representative. (Indiana State Department of Health; 410 IAC 16.2-1.1-61; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1909, eff Mar 1, 2003)

410 IAC 16.2-1.1-62 "Residential care facility" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 62. "Residential care facility" means a health care facility that provides residential nursing care. (Indiana State Department of Health; 410 IAC 16.2-1.1-62; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1909, eff Mar 1, 2003)

410 IAC 16.2-1.1-63 "Residential nursing care" defined

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 63. "Residential nursing care" may include, but is not limited to, the following:

- (1) Identifying human responses to actual or potential health conditions.
- (2) Deriving a nursing diagnosis.
- (3) Executing a minor regimen based on a nursing diagnosis or executing minor regimens as prescribed by a physician, physician assistant, chiropractor, dentist, optometrist, podiatrist, or nurse practitioner.

(4) Administering, supervising, delegating, and evaluating nursing activities as described in this section.
(Indiana State Department of Health; 410 IAC 16.2-1.1-63; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1909, eff Mar 1, 2003)

410 IAC 16.2-1.1-64 "Respiratory therapy" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28; IC 25-34.5-1-6

Sec. 64. "Respiratory therapy" means medical specialty primarily concerned with the treatment and care of persons with deficiencies and abnormalities associated with the cardiopulmonary system and includes those activities set forth in IC 25-34.5-1-6.
(Indiana State Department of Health; 410 IAC 16.2-1.1-64; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1909, eff Mar 1, 2003)

410 IAC 16.2-1.1-65 "Respite care" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 65. "Respite care" means the provision by a facility of room, board, and care up to the level ordinarily provided for permanent residents of the facility to a person for not more than one (1) month for each stay in the facility. (Indiana State Department of Health; 410 IAC 16.2-1.1-65; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1909, eff Mar 1, 2003)

410 IAC 16.2-1.1-66 "Restraint" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 66. "Restraint" means a device or method, including chemical means, used to limit the activity or aggressiveness of a resident where such activity or aggressiveness could be harmful to the resident or others. (Indiana State Department of Health; 410 IAC 16.2-1.1-66; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1909, eff Mar 1, 2003)

410 IAC 16.2-1.1-67 "Seclusion" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 67. "Seclusion" means any circumscribed area in which a person is maintained alone and under surveillance, with the area so equipped that the person may not leave without assistance. (Indiana State Department of Health; 410 IAC 16.2-1.1-67; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1910, eff Mar 1, 2003)

410 IAC 16.2-1.1-68 "Self-limiting condition" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 68. "Self-limiting condition" means the condition will normally resolve itself without further intervention or by staff implementing standard disease related clinical interventions. (Indiana State Department of Health; 410 IAC 16.2-1.1-68; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1910, eff Mar 1, 2003)

410 IAC 16.2-1.1-69 "Service plan" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 69. "Service plan" means a written plan for services to be provided by the facility, developed by the facility, the resident, and others, if appropriate, on behalf of the resident, consistent with the services needed to ensure the health and welfare of the resident. (Indiana State Department of Health; 410 IAC 16.2-1.1-69; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1910, eff Mar 1, 2003)

410 IAC 16.2-1.1-70 "Significant change" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 70. "Significant change" means a major improvement or decline in the resident's physical, mental, or psychosocial status. (Indiana State Department of Health; 410 IAC 16.2-1.1-70; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1910, eff Mar 1, 2003)

410 IAC 16.2-1.1-71 "Sufficient space" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 71. "Sufficient space" means the resident can access the area unless it is functionally off-limits, and the resident's functioning is not restricted once access to the space is gained. (Indiana State Department of Health; 410 IAC 16.2-1.1-71; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1910, eff Mar 1, 2003)

410 IAC 16.2-1.1-72 "Supervise" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 72. "Supervise" means to instruct an employee or subordinate in his or her duties and to oversee or direct work, but does not necessarily require immediate presence of the supervisor. (Indiana State Department of Health; 410 IAC 16.2-1.1-72; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1910, eff Mar 1, 2003)

410 IAC 16.2-1.1-73 "Therapist" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 73. "Therapist" means a person who holds a valid license issued pursuant to Indiana statute or is certified or registered by the appropriate body to practice and who has completed the approved educational curriculum. (Indiana State Department of Health; 410 IAC 16.2-1.1-73; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1910, eff Mar 1, 2003)

410 IAC 16.2-1.1-74 "Toileting" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 74. "Toileting" means how the resident:
(1) uses the toilet room (or bedpan, bedside commode, or urinal);
(2) transfers on and off the toilet;

- (3) cleanses self after elimination;
- (4) changes sanitary napkins or incontinence pads or external catheters; and
- (5) adjusts clothing prior to and after using the toilet.

(Indiana State Department of Health; 410 IAC 16.2-1.1-74; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1910, eff Mar 1, 2003)

410 IAC 16.2-1.1-75 "Toileting care" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 75. "Toileting care" means provision of care before and after use of the toilet room, commode, bedpan, or urinal. It includes transferring on and off the toilet, or both, cleansing, pad change, and changing of soiled clothing. (Indiana State Department of Health; 410 IAC 16.2.1.1-75; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1910, eff Mar 1, 2003)

410 IAC 16.2.1.1-76 "Total assistance with eating" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 76. "Total assistance with eating" means the resident must be fed by another person at every meal. (Indiana State Department of Health; 410 IAC 16.2.1.1-76; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1910, eff Mar 1, 2003)

410 IAC 16.2-1.1-77 "Total assistance with toileting" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 77. "Total assistance with toileting" means that the resident requires continual observation using the toilet room (or bedpan, bedside commode, or urinal) and is unable to cleanse himself or herself after elimination. (Indiana State Department of Health; 410 IAC 16.2.1.1-77; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1910, eff Mar 1, 2003)

410 IAC 16.2-1.1-78 "Total assistance with transferring" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 78. "Total assistance with transferring" means transfers and position changes of a resident who is unable to bear any weight or who requires two (2) or more persons or one (1) person with a mechanical lifting device to transfer the resident. (Indiana State Department of Health; 410 IAC 16.2-1.1-78; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1911, eff Mar 1, 2003)

410 IAC 16.2-1.1-79 "Total health status" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 79. "Total health status" includes the following:

- (1) Functional status.
- (2) Medical care.
- (3) Nursing care.

- (4) Nutritional status.
- (5) Rehabilitation and restorative potential.
- (6) Activities potential.
- (7) Cognitive status.
- (8) Oral health status.
- (9) Psychosocial status.
- (10) Sensory and physical impairments.

(Indiana State Department of Health; 410 IAC 16.2-1.1-79; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1911, eff Mar 1, 2003)

410 IAC 16.2-1.1-80 "Transfer" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 80. "Transfer" means moving between two (2) surfaces, to or from a:

- (1) bed;
- (2) chair;
- (3) wheelchair; or
- (4) standing position.

The term does not include transfer to or from the bath or toilet. This section does not apply to transfer and discharge of residents pursuant to 410 IAC 16.2-3.1 and 410 IAC 16.2-5. (Indiana State Department of Health; 410 IAC 16.2-1.1-80; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1911, eff Mar 1, 2003)

410 IAC 16.2-1.1-81 "Written" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 81. "Written" means handwritten, typewritten, or contained on electronic media. (Indiana State Department of Health; 410 IAC 16.2-1.1-81; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1911, eff Mar 1, 2003)

Rule 2. General Provisions (Repealed)

(Repealed by Indiana State Department of Health; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1588, eff Apr 1, 1997)

Rule 3. Comprehensive Care Facilities (Repealed)

(Repealed by Indiana State Department of Health; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1588, eff Apr 1, 1997)

Rule 3.1. Comprehensive Care Facilities

410 IAC 16.2-3.1-1 Applicability of rule

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 1. This rule applies to all comprehensive care facilities. (Indiana State Department of Health; 410 IAC 16.2-3.1-1; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1526, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-2 Licenses

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-18-2-167; IC 16-28-1-10; IC 16-28-2-2; IC 16-28-2-4; IC 16-28-5-7

Sec. 2. (a) Any person, in order to lawfully operate a health facility as defined in IC 16-18-2-167, shall first obtain an authorization to occupy the facility or a license from the director. The applicant shall notify the director, in writing, before the applicant begins to operate a facility that is being purchased or leased from another licensee. Failure to notify the director precludes the issuance of a full license.

(b) The director may approve occupancy and use of the structure pending a final licensure decision.

(c) The director may issue a health facility license for a new facility upon receipt, review, and approval of the following requirements:

(1) The applicant shall submit a license application on the prescribed form in accordance with IC 16-28-2-2. The applicant shall identify direct and indirect ownership interests of five percent (5%) or more and of officers, directors, and partners.

(2) The applicant shall submit the appropriate license fee.

(3) Prior to the start of construction, detailed architectural and operational plans shall be submitted to the division for consideration and approval. The plans shall state the licensure classification sought. Plans for projects involving less than thirty thousand (30,000) cubic feet require suitable detailed plans and sketches. Plans for projects involving more than thirty thousand (30,000) cubic feet require certification by an architect or an engineer registered in Indiana. A plan of operation, in sufficient detail to facilitate the review of functional areas, that is, nursing unit, laundry, and kitchen, shall accompany the submitted plan.

(4) The director shall be notified of the design release from the department of fire and building services.

(5) The director shall be provided with written notification that construction of the building is substantially complete.

(6) The applicant shall submit to the director the following:

(A) Corporate or partnership structure.

(B) A complete list of facilities previously and currently owned or operated by the officers, directors, agents, and managing employees.

(C) A copy of agreements and contracts.

(D) If registration is required by the secretary of state, a copy of the registration.

(E) A staffing plan to include the number, educational level, and personal health of employees.

(F) A disaster plan.

(7) The applicant shall submit information and supporting documents required by the director documenting that the facility will be operated in reasonable compliance with this article and applicable statutes.

(8) The applicant shall submit a report by the state fire marshal that the facility is in reasonable compliance with the fire safety rules of the fire prevention and building safety commission (675 IAC).

(9) The applicant shall submit information verified by the appropriate building official that the building is in reasonable

compliance with the building rules of the fire prevention and building safety commission (675 IAC).

(10) The facility shall meet the environmental and physical standards of section 19 of this rule.

(11) The applicant shall submit an independent verification of assets and liabilities demonstrating working capital adequate to operate the facility. The verification shall be performed by a certified public accountant. The verification shall be submitted to the director on a form approved by the department. The verification shall be accompanied by documents required by the application form and other documents or information as required by the department to evidence adequate working capital to operate the facility.

(d) The director may issue a health facility license for an existing facility that proposes a change from a previously approved plan review upon receipt, review, and approval of the following requirements:

(1) The applicant shall submit the appropriate licensure fee.

(2) Prior to the start of construction, detailed architectural and operational plans shall be submitted to the division for

consideration and approval. The plans shall state the licensure classification sought. Plans for projects involving less than thirty thousand (30,000) cubic feet require suitable detailed plans and sketches. Plans for projects involving more than thirty thousand (30,000) cubic feet require certification by an architect or an engineer registered in Indiana. A plan of operation, in sufficient detail to facilitate the review of functional areas, that is, nursing unit, laundry, and kitchen, shall accompany the submitted plan.

(3) The director shall be notified of the design release from the department of fire and building services.

(4) The director shall be provided with written notification that construction of the building is substantially complete.

(5) The applicant shall submit information and supporting documents required by the director that the facility will be operated in reasonable compliance with this article and applicable statutes.

(6) The applicant shall submit a report by the state fire marshal that the facility is in reasonable compliance with the fire safety rules of the fire prevention and building safety commission (675 IAC).

- (7) Information verified by the appropriate building official that the building is in reasonable compliance with the building rules of the fire prevention and building safety commission (675 IAC).
- (e) The director may issue a health facility license for an existing facility that proposes a change in beds upon receipt, review, and approval of the following requirements:
- (1) The applicant shall submit the appropriate license fee.
 - (2) The facility shall meet the environmental and physical standards of section 19 of this rule.
 - (3) The applicant shall submit a report by the state fire marshal that the facility is in reasonable compliance with the fire safety rules of the fire prevention and building safety commission (675 IAC).
- (f) The director may issue a health facility license for a facility that has changed ownership upon receipt, review, and approval of the following requirements:
- (1) The applicant shall submit a license application on the prescribed form in accordance with IC 16-28-2-2. The applicant shall identify direct and indirect ownership interests of five percent (5%) or more and of officers, directors, and partners.
 - (2) The applicant shall submit the appropriate license fee.
 - (3) The applicant shall submit information and supporting documents required by the director documenting that the facility will be operated in reasonable compliance with this article and applicable statutes.
 - (4) The applicant shall submit to the director the following:
 - (A) Corporate or partnership structure.
 - (B) A complete list of facilities previously or currently owned or operated by the officers, directors, agents, and managing employees.
 - (C) A copy of agreements and contracts.
 - (D) If registration is required by the secretary of state, a copy of the registration.
 - (E) A staffing plan to include the number, educational level, and personal health of employees.
 - (F) A disaster plan.
 - (5) An applicant for a license shall submit an independent verification of assets and liabilities demonstrating working capital adequate to operate the facility. The verification shall be performed by a certified public accountant. The verification shall be submitted to the director on a form approved by the department. The verification shall be accompanied by documents required by the application form and other documents or information as required by the department to evidence adequate working capital to operate the facility.

(g) The director may issue a provisional license to a new facility or to a facility under new ownership in accordance with IC 16-28-2-4(2).

(h) For the renewal of a license, the director may issue a full license for any period up to one (1) year, issue a probationary license, or deny a license application upon receipt and review of the following requirements:

(1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license. The renewal application shall be on a form provided and approved by the division. The applicant shall identify direct or indirect ownership interests of five percent (5%) or more and of officers, directors, and partners.

(2) The applicant shall submit the appropriate license fee.

(3) The director shall verify that the facility is operated in reasonable compliance with IC 16-28-2 and this article.

(4) The state fire marshal shall verify that the facility is in reasonable compliance with the applicable fire safety statutes and rules (675 IAC).

(i) If the director issues a probationary license, the license may be granted for a period of three (3) months. However, no more than three (3) probationary licenses may be issued in a twelve (12) month period. Although the license fee for a full twelve (12) month period has been paid, a new fee shall be required prior to the issuance of a probationary license.

(j) Any change in direct or indirect corporate ownership of five percent (5%) or more that occurs during the licensure period shall be reported to the director, in writing, at the time of the change. The facility must also provide written notice at the time the change occurs in the officers, directors, agents, or managing employees, or the corporation, association, or other company responsible for the management of the facility.

(k) For a good cause shown, waiver of any nonstatutory provisions of this rule may be granted by the executive board for a specified period in accordance with IC 16-28-1-10.

(l) A licensure survey finding or complaint allegation does not constitute a breach for the purposes of IC 16-28-2 until or unless the commissioner makes a specific determination that a breach has occurred. Moreover, the director shall issue a citation only upon a determination by the commissioner that a breach has occurred. Regardless of whether the commissioner makes a determination that a breach has occurred, a licensure survey finding or complaint allegation may be used as evidence as to whether a violation actually occurred for the purposes of licensure hearings or any other proceedings initiated under IC 16-28-2 or this article.

(m) The classification of rules into the categories that are stated at the end of each section of this rule and 410 IAC 16.2-5 through 410 IAC 16.2-7 shall be used to determine the corrective actions and penalties, if appropriate, to be imposed by the commissioner upon a determination that a breach has occurred, as follows:

(1) An offense presents a substantial probability that death or a life-threatening condition will

result. For an offense, the commissioner shall issue an order for immediate correction of the offense. In addition, the commissioner shall:

- (A) impose a fine not to exceed ten thousand dollars (\$10,000); or
- (B) order the suspension of new admissions to the health facility for a period not to exceed forty-five (45) days;

or both. If the offense is immediately corrected, the commissioner may waive up to fifty percent (50%) of any fine imposed and reduce the number of days for suspension of new admissions by one-half (½). The commissioner may also impose revocation by the director of the facility's license or issuance of a probationary license.

(2) A deficiency presents an immediate or direct, serious adverse effect on the health, safety, security, rights, or welfare of a resident. For a deficiency, the commissioner shall issue an order for immediate correction of the deficiency. In addition, the commissioner may:

- (A) impose a fine not to exceed five thousand dollars (\$5,000); or
- (B) order the suspension of new admissions to the health facility for a period not to exceed thirty (30) days;

or both. For a repeat of the same deficiency within a fifteen (15) month period, the commissioner shall order immediate correction of the deficiency and impose a fine not to exceed ten thousand dollars (\$10,000) or suspension of new admissions to the facility for a period not to exceed forty-five (45) days, or both. If the deficiency is immediately corrected, the commissioner may waive up to fifty percent (50%) of any fine imposed and reduce the number of days for suspension of new admissions by one-half (½). The commissioner may also impose revocations by the director of the facility license or issuance of a probationary license.

(3) A noncompliance presents an indirect threat on the health, safety, security, rights, or welfare of a resident. For a noncompliance, the commissioner shall require the health facility to comply with any plan of correction approved or directed under IC 16-28-5-7. If the facility is found to have a pattern of noncompliance, the commissioner may suspend new admissions to the health facility for a period not to exceed fifteen (15) days or impose a fine not to exceed one thousand dollars (\$1,000), or both. Additionally, if the health facility is found to have a repeat of the same noncompliance in any fifteen (15) month period, the commissioner shall issue an order for immediate correction of the noncompliance. The commissioner may impose a fine not to exceed five thousand dollars (\$5,000) or suspension of new admissions to the

health facility for a period not to exceed thirty (30) days, or both.

(4) A nonconformance is any other classified rule that does not fall in the three (3) categories established in subdivisions (1) through (3). For a nonconformance, the commissioner shall require the health facility to comply with any plan of correction approved or directed in accordance with IC 16-28-5-7. For a repeat of the same nonconformance within a fifteen (15) month period, the commissioner shall require the health facility to comply with any plan of correction approved or directed in accordance with IC 16-28-5-7. For a repeat pattern of nonconformance the commissioner may suspend new admissions to the health facility for a period not to exceed fifteen (15) days or impose a fine not to exceed one thousand dollars (\$1,000), or both.

(n) For Medicare or Medicaid certified facilities, or both, the department shall not collect both a civil money penalty under 42 CFR 488 and a fine under IC 16-28 and this article. *(Indiana State Department of Health; 410 IAC 16.23.1-2; filed Jan 10, 1997, :00 p.m.: 20 IR 1526, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; filed May 16, 2001, 2:09 p.m.: 24 IR 022; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Aug 19, 2004, 3:15 p.m.: 28 IR 182)*

410 IAC 16.2-3.1-3 Residents' rights

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 3. (a) The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident, including each of the following rights:

- (1) To exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.
- (2) To be free of the following:
 - (A) Interference.
 - (B) Coercion.
 - (C) Discrimination.
 - (D) Reprisal from or threat of reprisal from the facility in exercising his or her rights.

(b) The resident has the right to the following:

- (1) Examination of the results of the most recent annual survey of the facility conducted by federal or state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.
- (2) Receipt of information from agencies acting as client advocates and the opportunity to contact these agencies.

(c) In the case of a resident adjudged incompetent under the laws of the state by a court of competent jurisdiction, the

rights of the residents are exercised by the person appointed under state law to act on the resident's behalf.

(d) In the case of an incompetent resident who has not been adjudicated incompetent by a state court, any legal representative may exercise the resident's rights to the extent provided by state law.

(e) The resident has the right to:

- (1) refuse to perform services for the facility;
- (2) perform services for the facility, if he or she chooses, when:

(A) the facility has documented the need or desire for work in the care plan;

(B) the plan specifies the nature of the services performed and whether the services are voluntary or paid;

(C) compensation for paid services is at or above the prevailing rates; and

(D) the resident agrees to the work arrangement described in the care plan.

(f) The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.

(g) A resident has the right to organize and participate in resident groups in the facility.

(h) A resident's family has the right to meet in the facility with the families of other residents in the facility.

(i) The facility must provide a resident or family group, if one exists, with private space.

(j) Staff or visitors may attend meetings only at the group's invitation.

(k) The facility must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings.

(l) When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families and report back at a later time in accordance with facility policy.

(m) A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility.

(n) The resident has the right to the following:

(1) Choose a personal attending physician and other providers of services. If a physician or other provider of services, or both, of the resident's choosing fails to fulfill a given federal or state requirement to assure the provisions of appropriate and adequate care and treatment, the facility will have the right, after consulting with the resident, the physician, and the other provider of services, to seek alternate physician participation or services from another provider.

(2) Be fully informed in advance about care and treatment, and of any changes in that care and treatment, that may affect the resident's well-being.

(3) Participate in planning care and treatment or changes in care and treatment unless adjudged incompetent or otherwise found to be incapacitated under state law.

(o) The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

(p) Personal privacy includes the following:

(1) Accommodations.

(2) Medical treatment.

(3) Written and telephone communications.

(4) Personal care.

(5) Visits.

(6) Meetings of family and resident groups.

This does not require the facility to provide a private room for each resident.

(q) Except as provided in subsection (r), the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.

(r) The resident's rights to refuse release of personal and clinical records does not apply when:

(1) the resident is transferred to another health care institution; or

(2) record release is required by law.

(s) The resident has the right to privacy in written communications, including the right to:

(1) send and promptly receive mail that is unopened unless the administrator has been instructed otherwise in writing by the resident;

(2) have access to stationery, postage, and writing implements at the resident's own expense; and

(3) receive any literature or statements of services that accompany mailings from Medicaid that the facility receives on behalf of the resident.

(t) The resident has the right to be cared for in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

(u) The resident has the right to the following:

(1) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care.

(2) Interact with members of the community both inside and outside the facility.

(3) Make choices about aspects of his or her life in the facility that are significant to the resident.

(v) A resident has the right to the following:

(1) Reside and receive services in the facility with reasonable accommodations of the individual's needs and preferences, except when the health or safety of the individual or other residents would be endangered.

(2) Receive notice before the resident's room or roommate in the facility is changed.

(w) The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms.

(x) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (b)(1), (e), (n), (o), (p), (q), (r), (t), or (w) is a deficiency;

(2) subsection (b)(2), (c), (d), (f), (g), (l), (m), (s), (u), or (v) is a noncompliance; and

(3) subsection (h), (i), (j), or (k) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-3; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1528; eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jul 22, 2004, 10:05 a.m.: 27 IR 3988)

410 IAC 16.2-3.1-4 Notice of rights and services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 12-10-5.5; IC 16-28-5-1; IC 16-36-1-3; IC 16-36-1-7; IC 16-36-4-7; IC 16-36-4-13; IC 30-5-7-4

Sec. 4. (a) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. A copy of the resident's rights must be available in a publicly accessible area.

The copy must be at least 12-point type.

(b) The resident has the right to the following:

(1) Immediate access to the current active clinical record.

(2) Upon an oral or written request, to access all other records pertaining to himself or herself within twenty-four (24) hours.

(3) After receipt of his or her records for inspection, to purchase at a cost, not to exceed the community standard, photocopies of the records or any portions of them upon request and two (2) working days' advance notice to the facility.

(c) The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including, but not limited to, his or her medical condition.

(d) The resident has the right to refuse treatment. Any refusals of treatment must be accompanied by counseling on the medical consequences of such refusal.

(e) The resident has the right to refuse participation in experimental research. All experimental research must be conducted in compliance with state, federal, and local laws and professional standards.

(f) The facility must do the following:

(1) Inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or when the resident becomes eligible for Medicaid of the following:

(A) The items and services that are included in nursing facility services under the state plan and for which the resident may not be charged.

(B) Those other items and services that the facility offers and for which the resident may be charged and the amount of the charges.

(2) Inform each resident when changes are made to the items and services specified in this section.

(3) Inform each resident before, or at the time of admission, in writing and periodically during the resident's stay, of services available in the facility

and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.

(4) Provide written information to each resident concerning the following:

(A) The resident's rights under IC 16-36-1-3 and IC 16-36-1-7 to make decisions concerning their care, including the right to:

(i) accept or refuse medical or surgical treatment; and

(ii) formulate advance directives.

(B) The facility's written policies regarding the implementation of such rights, including a clear and precise statement of limitation if the facility or its agent cannot implement an advance directive on the basis of conscience under IC 16-36-4-13.

(5) Document in the resident's clinical record whether the resident has executed an advance directive and include a copy of such advance directive in the clinical record.

(6) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive.

(7) Ensure compliance with the requirements of state law regarding advance directives.

(8) Provide for education for staff on issues concerning advance directives.

(9) Provide for community education regarding advance directives either directly or in concert with other facilities or health care providers or other organizations.

(10) Distribute to each resident upon admission the state developed written description of the law concerning advance directives.

(11) If the facility is required to submit an Alzheimer's and dementia special care unit disclosure form under IC 12-10-5.5, provide the resident at the time of admission to the facility with a copy of the completed Alzheimer's and dementia special care unit disclosure form.

(g) A facility is not required to provide care that conflicts with an advance directive under IC 16-36-4-7.

(h) If a facility objects to implementation of an advance directive on the basis of conscience, they must comply with IC 30-5-7-4.

(i) Residents have the right to be informed by the facility, in writing, at least thirty (30) days in advance of the effective date, of any changes in the rates or services that these rates cover.

(j) The facility must furnish on admission a written description of legal rights, including the following:

(1) A description of the manner of protecting personal funds under this section.

(2) A statement that the resident may file a complaint with the director concerning resident

abuse, neglect, misappropriation of resident property, and other practices of the facility.

(3) The most recently known addresses and telephone numbers, including, but not limited to, the following:

- (A) The department.
- (B) The office of the secretary of family and social services.
- (C) The ombudsman designated by the division of disability, aging, and rehabilitative services.
- (D) The area agency on aging.
- (E) The local mental health center.
- (F) The protection and advocacy services commission.
- (G) Adult protective services.

These shall be displayed in a prominent place in the facility.

(k) The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

(l) The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information, about how to:

- (1) apply for and use Medicare and Medicaid benefits; and
- (2) receive refunds for previous payments covered by such benefits.

(m) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (h) is an offense;
- (2) subsection (d), (e), or (g) is a deficiency;
- (3) subsection (a), (b), (c), (f)(1), (f)(2), (f)(3), (f)(4), (f)(5), (f)(8), (f)(10), (i), (j)(1), (k), or (l) is a noncompliance; and
- (4) subsection (f)(6), (f)(7), (f)(9), (j)(2), or (j)(3) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.23.1-4; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1529, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; errata filed Jun 4, 1997, 1:47 p.m.: 20 IR 2789; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jul 22, 2004, 10:05 a.m.: 27 IR 3989)

410 IAC 16.2-3.1-5 Notification of changes

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 5. (a) A facility must immediately inform the resident, consult with the resident's physician, and, if known, notify the resident's legal representative or an interested family member when there is:

- (1) an accident involving the resident that results in injury and has the potential for requiring physician intervention;
- (2) a significant change in the resident's physical, mental, or psychosocial status, that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications;
- (3) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse

consequences or to commence a new form of treatment; or

(4) a decision to transfer or discharge the resident from the facility.

(b) The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member, when there is:

- (1) a change in room or roommate assignment; or
- (2) a change in resident rights under federal or state law or regulation.

(c) The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

(d) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (a) is a deficiency;
- (2) subsection (b)(2) or (c) is a noncompliance; and
- (3) subsection (b)(1) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.23.1-5; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1531, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-6 Protection of resident funds

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 6. (a) The resident has the right to manage his or her financial affairs, and the facility may not require residents to deposit their personal funds with the facility.

(b) Upon written authorization of the resident, the facility must hold, safeguard, manage, and account for personal funds of the resident deposited with the facility.

(c) Unless otherwise required by federal law, the facility must deposit any residents' personal funds in excess of fifty dollars (\$50) in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on the resident's funds to his or her account. (In pooled accounts, there must be a separate accounting for each resident's share.)

(d) The facility must maintain residents' personal funds that do not exceed fifty dollars (\$50) in a noninterest bearing account, interest bearing, or petty cash fund.

(e) The facility must establish and maintain a system that assures a full, complete, and separate accounting according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.

(f) The facility must:

- (1) provide reasonable access during normal business hours to the funds in the account;
- (2) return to the resident in not later than fifteen (15) calendar days, upon written request, all or any part of the resident's funds given to the facility for safekeeping; and
- (3) provide reasonable access during normal business hours, to the written records of all financial transactions involving the individual resident's funds upon request.

(g) The individual financial record must be provided to the resident or his or her legal representative upon request of the resident and through quarterly statements.

(h) Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within thirty (30) days the resident's funds, and a final accounting of those funds, to the individual or the probate jurisdiction administering the resident's estate.

(i) The facility must purchase surety bond insurance, or otherwise provide assurance satisfactory to the state survey agency, to assure the security of all personal funds of residents deposited with the facility.

(j) The facility may not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare.

(k) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (b), (c), (d), (e), (f), (g), (h), or (j) is a noncompliance; and

(2) subsection (i) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.23.1-6; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1531, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-7 Grievances

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 7. (a) A resident has the right to the following:

(1) Voice a grievance without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished.

(2) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.

(3) Recommend changes in policy and procedure, and receive reasonable responses to their requests without fear of reprisal or interference.

(b) Each facility shall develop and implement policies for investigating and responding to complaints and grievances made by an individual resident, a resident group, a family member, or family group or other individuals.

(c) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a)(1) is a deficiency; and

(2) subsection (a)(2), (a)(3), or (b) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.23.1-7; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1531, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-8 Access and visitation rights

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 8. (a) Residents have the right to choose with whom they associate. The facility shall provide reasonable visiting hours which should include at least nine (9) hours a day. The hours shall be posted in a prominent place in the facility

and made available to each resident. Policies shall also provide for emergency visitation at other than posted hours.

(b) The resident has the right and the facility must provide immediate access to any resident by the following:

(1) Individuals representing state or federal agencies.

(2) Any authorized representative of the state.

(3) The resident's individual physician.

(4) The state and area long term care ombudsman.

(5) The agency responsible for the protection and advocacy system for developmentally disabled individuals.

(6) The agency responsible for the protection and advocacy system for mentally ill individuals.

(7) Immediate family or other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time.

(8) Subject to the resident's right to deny or withdraw consent at any time, the resident's legal representative or spiritual advisor.

(9) Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.

(c) The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, and other services to the resident, subject to the resident's right to deny or withdraw consent at any time.

(d) The facility must allow representatives of the state ombudsman to examine a resident's clinical records with the permission of the resident or the resident's legal representative, and consistent with state law.

(e) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (b) or (c) is a deficiency; and

(2) subsection (a) or (d) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.23.1-8; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1532, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-9 Personal property

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 9. (a) The resident has the right to retain and use personal possessions, including some furnishings and appropriate clothing as space permits unless to do so would infringe upon the rights or health and safety of other residents.

(b) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.

(c) The administrator or the administrator's designee is responsible for investigating reports of lost or stolen residents' property.

(d) The facility will have written policies and procedures outlining the steps to be taken in the event an item is reported lost or stolen.

(e) The policies will include a mechanism to report the results of the investigation to the resident or his or her legal representative in the event the lost or stolen item is not recovered.

(f) If the resident's clothing is laundered by the facility, the facility shall identify the clothing in a suitable manner. The facility is only responsible for marking those items that are recorded on the resident's inventory sheet.

(g) The facility must inventory, upon admission and discharge, the personal effects, money, and valuables declared by the resident at the time of admission. It is the resident's responsibility to maintain and update the inventory listing of the resident's personal property.

(h) Facilities shall, in writing, annually remind residents, legal representatives, or family members or all, of the need to update inventory records.

(i) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (b) is a deficiency; and

(2) subsection (a), (c), (d), (e), (f), (g), or (h) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.23.1-9; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1532, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-10 Living arrangements

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 10. (a) The resident has the right to share a room with his or her spouse when:

(1) married residents live in the same facility and both spouses consent to the arrangement; and

(2) a room is available for residents to share.

(b) The facility shall have written policy and procedures to address the circumstances in which persons of the opposite sex, other than husband and wife, will be allowed to occupy a bedroom, if such an arrangement is agreeable to the occupants.

(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a noncompliance. *(Indiana State Department of Health; 410 IAC 16.2-3.1-10; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1533, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 16.2-3.1-11 Self-administration of drugs

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 11. (a) An individual resident may self-administer drugs if the interdisciplinary team has determined that the practice is safe.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a noncompliance. *(Indiana State Department of Health; 410 IAC 16.2-3.1-11; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1533, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 16.2-3.1-12 Transfer and discharge rights

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 4-21.5; IC 16-28-5-1

Sec. 12. (a) The transfer and discharge rights of residents of a facility are as follows:

(1) As used in this section, "interfacility transfer and discharge" means the movement of a resident to a bed outside of the licensed facility.

For Medicare and Medicaid certified facilities, an interfacility transfer and discharge means the movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not.

(2) As used in this section, "intrafacility transfer" means the movement of a resident to a bed within the same licensed facility. For Medicare and Medicaid certified facilities, an intrafacility transfer means the movement of a resident to a bed within the same certified facility.

(3) When a transfer or discharge of a resident is proposed, whether intrafacility or interfacility, provision for continuity of care shall be provided by the facility.

(4) Health facilities must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless:

(A) the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;

(B) the transfer or discharge is appropriate because the resident's health has improved sufficiently so that the resident no longer needs the services provided by the facility;

(C) the safety of individuals in the facility is endangered;

(D) the health of individuals in the facility would otherwise be endangered;

(E) the resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or

Medicaid) a stay at the facility; or

(F) the facility ceases to operate.

(5) When the facility proposes to transfer or discharge a resident under any of the circumstances specified in subdivision (4)(A), (4)(B), (4)(C), (4)(D), or (4)(E), the resident's clinical records must be documented. The documentation must be made by the following:

(A) The resident's physician when transfer or discharge is necessary under subdivision (4)(A) or (4)(B).

(B) Any physician when transfer or discharge is necessary under subdivision (4)(D).

(6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following:

(A) Notify the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident's clinical record and transmit a copy to the following:

- (i) The resident.
 - (ii) A family member of the resident if known.
 - (iii) The resident's legal representative if known.
 - (iv) The local long term care ombudsman program (for involuntary relocations or discharges only).
 - (v) The person or agency responsible for the resident's placement, maintenance, and care in the facility.
 - (vi) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative services, who may assist with placement decisions.
 - (vii) The resident's physician when the transfer or discharge is necessary under subdivision (4)(C), (4)(D), (4)(E), or (4)(F).
- (B) Record the reasons in the resident's clinical record.
- (C) Include in the notice the items described in subdivision (9).
- (7) Except when specified in subdivision (8), the notice of transfer or discharge required under subdivision (6) must be made by the facility at least thirty (30) days before the resident is transferred or discharged.
- (8) Notice may be made as soon as practicable before transfer or discharge when:
- (A) the safety of individuals in the facility would be endangered;
 - (B) the health of individuals in the facility would be endangered;
 - (C) the resident's health improves sufficiently to allow a more immediate transfer or discharge;
 - (D) an immediate transfer or discharge is required by the resident's urgent medical needs; or
 - (E) a resident has not resided in the facility for thirty (30) days.
- (9) For health facilities, the written notice in subdivision (7) must include the following:
- (A) The reason for transfer or discharge.
 - (B) The effective date of transfer or discharge.
 - (C) The location to which the resident is transferred or discharged.
 - (D) A statement in not smaller than 12-point bold type that reads, "You have the right to appeal the health

facility's decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below."

(E) The name of the director, address, telephone number, and hours of operation of the division.

(F) A hearing request form prescribed by the department.

(G) The name, address, and telephone number of the division and local long term care ombudsman.

(H) For facility residents with developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission.

(10) If the resident appeals the transfer or discharge, the facility may not transfer or discharge the resident within thirty-four (34) days after the resident receives the initial transfer or discharge notice, unless an emergency exists as provided under subdivision (8).

(11) If nonpayment is the basis of a transfer or discharge, the resident shall have the right to pay the balance owed to the facility up to the date of the transfer or discharge and then is entitled to remain in the facility.

(12) The department shall provide a resident who wishes to appeal the transfer or discharge from a facility the opportunity to file a request for a hearing postmarked within ten (10) days following the resident's receipt of the written notice of the transfer or discharge from the facility.

(13) If a facility resident requests a hearing, the department shall hold an informal hearing at the facility within twenty-three (23) days from the date the resident receives the notice of transfer or discharge. The department shall attempt to give at least five (5) days written notice to all parties prior to the informal hearing. The department shall issue a decision within thirty (30) days from the date the resident receives the notice. The facility must convince the department

by a preponderance of the evidence that the transfer or discharge is authorized under subdivision (4). If the department determines that the transfer is appropriate, the resident must not be required to leave the facility within the thirty-four (34) days after the resident's receipt of the initial transfer or discharge notice unless an emergency exists under subdivision (8). Both the resident and the facility have the right to administrative or judicial review under IC 421.5 of any decision or action by the department arising under this section. If a hearing is to be held de novo, that hearing shall be held in the facility where the resident resides.

(14) An intrafacility transfer can be made only if:

(A) the transfer is necessary for medical reasons as judged by the attending physician; or

(B) the transfer is necessary for the welfare of the resident or other persons.

(15) If an intrafacility transfer is required, the resident must be given notice at least two (2) days before relocation, except when:

(A) the safety of individuals in the facility would be endangered;

(B) the health of individuals in the facility would be endangered;

(C) the resident's health improves sufficiently to allow a more immediate transfer; or

(D) an immediate transfer is required by the resident's urgent medical needs.

(16) The written notice of an intrafacility transfer must include the following:

(A) Reasons for transfer.

(B) Effective date of transfer.

(C) Location to which the resident is transferred.

(D) Name, address, and telephone number of the local and state long term care ombudsman.

(E) For facility residents with developmental disabilities or who are mentally ill, the mailing address and telephone

number of the protection and advocacy services commission.

(17) The resident has the right to relocate prior to the expiration of the two (2) day notice.

(18) Prior to any interfacility or involuntary intrafacility relocation, the facility shall prepare a relocation plan to prepare the resident for relocation and to provide continuity of care. In non-emergency relocations, the planning process shall include a relocation planning conference to which the resident, his or her legal representative, family members, and physician shall be invited. The planning conference may be

waived by the resident or his or her legal representative.

(19) At the planning conference, the resident's medical, psychosocial, and social needs with respect to the relocation shall be considered and a plan devised to meet these needs.

(20) The facility shall provide reasonable assistance to the resident to carry out the relocation plan.

(21) The facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.

(22) If the relocation plan is disputed, a meeting shall be held prior to the relocation with the administrator or his or her designee, the resident, and the resident's legal representative. An interested family member, if known, shall be invited. The purpose of the meeting shall be to discuss possible alternatives to the proposed relocation plan.

(23) A written report of the content of the discussion at the meeting and the results of the meeting shall be reviewed by the administrator or his or her designee, the resident, the resident's legal representative, and an interested family member, if known, each of whom may make written comments on the report.

(24) The written report of the meeting shall be included in the resident's permanent record.

(25) Before a facility transfers a resident to a hospital or allows a resident to go on therapeutic leave of twenty-four (24) hours duration or longer, the facility must provide written information to the resident and a family member or legal representative that specifies the following:

(A) The duration of the bed-hold policy under the Medicaid state plan during which the resident is permitted to return and resume residence in the facility.

(B) The facility's policies regarding bed-hold periods, which must be consistent with subdivision (27), permitting a resident to return.

(26) Except in an emergency, at the time of transfer of a resident for hospitalization or therapeutic leave, a facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in subdivision (25).

(27) Medicaid certified facilities must establish and follow a written policy under which a resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the state plan, is readmitted to the facility immediately upon the first availability of a bed in a semiprivate room if the resident:

- (A) requires the services provided by the facility; and
- (B) is eligible for Medicaid nursing facility services.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (*Indiana State Department of Health 410 IAC 16.2-3.1-12; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1533, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 16.2-3.1-13 Administration and management

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 12-10-5.5; IC 16-28-5-1; IC 25-19-1

Sec. 13. (a) The licensee is responsible for compliance with all applicable laws and rules. The licensee has full authority and responsibility for the organization, management, operation, and control of the licensed facility. The delegation of any authority by the licensee does not diminish the responsibilities of the licensee.

(b) The licensee shall provide the number of staff as required to carry out all the functions of the facility, including:

- (1) initial orientation of all employees;
- (2) a continuing inservice education and training program for all employees; and
- (3) provision of supervision for all employees.

(c) If a facility offers services in addition to those provided to its long term care residents, the administrator is responsible for assuring that such additional services do not adversely affect the care provided to its residents.

(d) The licensee shall notify the department within three (3) working days of a vacancy in the administrator's position. The licensee shall also notify the director of the name and license number of the replacement administrator.

(e) An administrator shall be employed to work in each licensed health facility. For purposes of this subsection, an individual can only be employed as an administrator in one (1) health facility or one (1) hospital-based long term care unit at a time.

(f) In the administrator's absence, an individual shall be authorized, in writing, to act on the administrator's behalf.

(g) The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following:

- (1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any:
 - (A) epidemic outbreaks;
 - (B) poisonings;
 - (C) fires; or
 - (D) major accidents.

If the department cannot be reached, such as on holidays or weekends, a call shall be made to the emergency telephone number ((317) 383-6144) of the division.

(2) Promptly arranging for medical, dental, podiatry, or nursing care or other health care services as prescribed by the attending physician.

(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.

(4) Ensuring that the facility maintains, on the premises, time schedules and an accurate record of actual time worked that

indicates the employees' full names and the dates and hours worked during the past twelve (12) months. This information shall be furnished to the division staff upon request.

(5) Maintaining a copy of this article and making it available to all personnel and the residents.

(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request.

(h) Each facility, except a facility that cares for children or an intermediate care facility for the mentally retarded, shall encourage all employees serving residents or the public to wear name and title identification.

(i) Each facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include:

- (1) the range of services offered;
- (2) residents' rights;
- (3) personnel administration; and
- (4) facility operations.

(j) The licensee shall approve the policy manual, and subsequent revisions, in writing. The policy manual shall be reviewed and dated at least annually. The resident care policies shall be developed by a group of professional personnel and approved by the medical director.

(k) The policies shall be maintained in a manual or manuals accessible to employees and made available upon request to:

- (1) residents;
- (2) the department;
- (3) the sponsor or surrogate of a resident; and
- (4) the public.

Management/ownership confidential directives are not required to be included in the policy manual; however, the policy manual must include all of the facility's operational policies.

(l) To assure continuity of care of residents in cases of emergency, the facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, missing residents, and including situations that may require emergency relocation of residents. Facilities caring for children shall have a written plan outlining the staff procedures, including isolation and evacuation, in case of an outbreak of childhood diseases.

(m) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility must have that service furnished to residents by a person or agency outside the facility under a written agreement. Such agreements pertaining to services

furnished by outside resources must specify, in writing, that the facility assumes responsibility for the following:

- (1) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility.
- (2) The timeliness of the services.
- (3) Orientation to pertinent facility policies and residents to whom they are responsible.

(n) Each facility shall conspicuously post the license or a true copy thereof within the facility in a location accessible to public view.

(o) Each facility shall submit an annual statistical report to the department.

(p) The facility must have in effect a written transfer agreement with one (1) or more hospitals that reasonably assures the following:

(1) Residents will be transferred from the facility to the hospital and ensured of timely admission to the hospital when transfer is medically appropriate as determined by the attending physician.

(2) Medical and other information needed for care and treatment of residents, and, when the transferring facility deems it appropriate, for determining whether such residents can be adequately cared for in a less expensive setting than either the facility or the hospital, will be exchanged between the institutions.

(3) Specification of the responsibilities assumed by both the discharging and receiving institutions for prompt notification

of the impending transfer of the resident for:

(A) agreement by the receiving institution to admit the resident;

(B) arranging appropriate transportation and care of the resident during transfer; and

(C) the transfer of personal effects, particularly money and valuables, and of information related to such items.

(4) Specification of the restrictions with respect to the types of services available or the types of residents or health conditions that will not be accepted by the hospital or the facility, or both, including any other criteria relating to the transfer of residents. The facility is considered to have a transfer agreement in effect if the facility has attempted in good faith to enter into an agreement with a hospital sufficiently close to the facility to make transfer feasible.

(q) A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or

maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(r) The facility must operate and provide services in compliance with all applicable federal, state, and local laws, regulations, and codes and with accepted professional standards and principles that apply to professionals providing services in such a facility.

(s) The facility must have a governing body, or designated persons functioning as a governing body, that is legally

responsible for establishing and implementing policies regarding the management and operation of the facility.

(t) The governing body shall appoint the administrator who is:

(1) licensed under IC 25-19-1; and

(2) responsible for the management of the facility.

(u) The facility must designate a physician to serve as medical director.

(v) The medical director shall be responsible for the following:

(1) Acting as a liaison between the administrator and the attending physicians to encourage physicians to write orders promptly and to make resident visits in a timely manner.

(2) Reviewing, evaluating, and implementing resident care policies and procedures and to guide the director of nursing services in matters related to resident care policies and services.

(3) Reviewing incidents and accidents that occur on the premises to identify hazards to health and safety.

(4) Reviewing employees pre-employment physicals and health reports and monitoring employees health status.

(5) The coordination of medical care in the facility.

(w) In facilities that are required under IC 12-10-5.5 to submit an Alzheimer's and dementia special care unit disclosure form, the facility must designate a director for the Alzheimer's and dementia special care unit. The director shall have an earned degree from an educational institution in a health care, mental health, or social service profession or be a licensed health facility administrator. The director shall have a minimum of one (1) year work experience with dementia or Alzheimer's residents, or both, within the past five (5) years. Persons serving as a director for an existing Alzheimer's and dementia special care unit at the time of adoption of this rule are exempt from the degree and experience requirements. The director shall have a minimum of twelve (12) hours of dementia-specific training within three (3) months of initial employment as the director of the Alzheimer's and dementia special care unit and six (6) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents and to gain understanding of the current standards of care for residents with dementia.

(x) The director of the Alzheimer's and dementia special care unit shall do the following:

(1) Oversee the operation of the unit.

(2) Ensure that personnel assigned to the unit receive required inservice training.

(3) Ensure that care provided to Alzheimer's and dementia care unit residents is consistent with inservice training, current Alzheimer's and dementia care practices, and regulatory standards.

(y) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (c), (g), (r), (t), (u), (v), or (x) is a deficiency;

- (2) subsection (b), (d), (e), (f), (i), (l), (p), (q), (s), or (w) is a noncompliance; and
- (3) subsection (h), (j), (k), (m), (n), or (o) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-13; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1535, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jul 22, 2004, 10:05 a.m.: 27 IR 3990)

410 IAC 16.2-3.1-14 Personnel

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1; IC 16-28-13-3

Sec. 14. (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Specific inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.

(b) A facility must not use any individual working in the facility as a nurse aide for more than four (4) months on a full-time, part-time, temporary, per diem, or other basis unless that individual:

- (1) is competent to provide nursing and nursing-related services; and
- (2) has completed a:
 - (A) training and competency evaluation program; or
 - (B) competency evaluation program;

approved by the division.

(c) Each nurse aide who is hired to work in a facility shall have successfully completed a nurse aide training program approved by the division or shall enroll in the first available approved training program scheduled to commence within sixty (60) days of the date of the nurse aide's employment. The program may be established by the facility, an organization, or an institution. The training program shall consist of at least the following:

- (1) Thirty (30) hours of classroom instruction within one hundred twenty (120) days of employment. At least sixteen (16) of those hours shall be in the following areas prior to any direct contact with a resident:
 - (A) Communication and interpersonal skills.
 - (B) Infection control.
 - (C) Safety/emergency procedures, including the Heimlich maneuver.
 - (D) Promoting residents' independence.
 - (E) Respecting residents' rights.
- (2) The remainder of the thirty (30) hours of instruction shall include the following:
 - (A) Basic nursing skills as follows:
 - (i) Taking and recording vital signs.
 - (ii) Measuring and recording height and weight.
 - (iii) Caring for residents' environment.

(iv) Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor.

(v) Caring for residents when death is imminent.

(B) Personal care skills, including, but not limited to, the following:

- (i) Bathing.
- (ii) Grooming, including mouth care.
- (iii) Dressing.
- (iv) Toileting.
- (v) Assisting with eating and hydration.
- (vi) Proper feeding techniques.
- (vii) Skin care.
- (viii) Transfers, positioning, and turning.

(C) Mental health and social service needs as follows:

- (i) Modifying aides' behavior in response to residents' behavior.
- (ii) Awareness of developmental tasks associated with the aging process.
- (iii) How to respond to residents' behavior.
- (iv) Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity.
- (v) Using the resident's family as a source of emotional support.

(D) Care of cognitively impaired residents as follows:

- (i) Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others).
- (ii) Communicating with cognitively impaired residents.
- (iii) Understanding the behavior of cognitively impaired residents.
- (iv) Appropriate responses to the behavior of cognitively impaired residents.

(v) Methods of reducing the effects of cognitive impairments.

(E) Basic restorative services as follows:

- (i) Training the resident in self-care according to the resident's abilities.
- (ii) Use of assistive devices in transferring, ambulation, eating, and dressing.
- (iii) Maintenance of range of motion.
- (iv) Proper turning and positioning in bed and chair.
- (v) Bowel and bladder training.
- (vi) Care and use of prosthetic and orthotic devices.

(F) Residents' rights as follows:

- (i) Providing privacy and maintenance of confidentiality.
- (ii) Promoting residents' right to make personal choices to accommodate their needs.
- (iii) Giving assistance in resolving grievances and disputes.
- (iv) Providing needed assistance in getting to and participating in resident and family groups and other activities.
- (v) Maintaining care and security of residents' personal possessions.
- (vi) Promoting residents' right to be free from abuse, mistreatment, and neglect, and the need to report any instances of such treatment to appropriate facility staff.
- (vii) Avoiding the need for restraints in accordance with current professional standards.

(3) Seventy-five (75) hours of supervised clinical experience, at least sixteen (16) hours of which must be in directly supervised practical training. As used in this subdivision, "directly supervised practical training" means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under direct supervision of a registered nurse or a licensed practical nurse. These hours

shall consist of normal employment as a nurse aide under the supervision of a licensed nurse.

(4) Training that ensures the following:

- (A) Students do not perform any services for which they have not trained and been found proficient by the instructor.
- (B) Students who are providing services to residents are under the general supervision of a licensed nurse.

(d) A facility must arrange for individuals used as nurse aides, as of the effective date of this rule, to participate in a competency evaluation program approved by the division and preparation necessary for the individual to complete the program.

(e) Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless the individual:

- (1) is a full-time employee in a training and competency evaluation program approved by the division; or
- (2) can prove that he or she has recently successfully completed a training and competency evaluation program approved by the division and has not yet been included in the registry. Facilities must follow up to ensure that such individual actually becomes registered.

(f) A facility must check with all state nurse aide registries it has reason to believe contain information on an individual before using that individual as a nurse aide.

(g) If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of twenty-four (24) consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new:

- (1) training and competency evaluation program; or
- (2) competency evaluation program.

(h) The facility must complete a performance review of every nurse aide at least once every twelve (12) months and must provide regular inservice education based on the outcome of these reviews. The inservice training must be as follows:

- (1) Sufficient to ensure the continuing competence of nurse aides but must be no less than twelve (12) hours per year.
- (2) Address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff.
- (3) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

(i) The facility must ensure that nurse aides and qualified medication aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs as identified through resident assessments and described in the care plan.

(j) Medication shall be administered by licensed nursing personnel or qualified medication aides. If medication aides handle or administer drugs or perform treatments requiring medications, the facility shall ensure that the persons have been properly qualified in medication administration by a state-approved course. Injectable medications shall be given only by licensed personnel.

(k) There shall be an organized ongoing inservice education and training program planned in advance for all personnel. This training shall include, but not be limited to, the following:

- (1) Residents' rights.
- (2) Prevention and control of infection.
- (3) Fire prevention.
- (4) Safety and accident prevention.
- (5) Needs of specialized populations served.
- (6) Care of cognitively impaired residents.

(l) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel as follows. For nursing personnel, this shall include at least twelve (12) hours of inservice per calendar year and six (6) hours of inservice per calendar year for non-nursing personnel.

(m) Inservice programs for items required under subsection (k) shall contain a means to assess learning by participants.

(n) The administrator may approve attendance at outside workshops and continuing education programs related to that individual's responsibilities in the facility. Documented attendance at these workshops and programs meets the requirements for inservice training.

(o) Inservice records shall be maintained and shall indicate the following:

- (1) The time, date, and location.
- (2) The name of the instructor.
- (3) The title of the instructor.
- (4) The names of the participants.
- (5) The program content of inservice.

The employee will acknowledge attendance by written signature.

(p) Initial orientation of all staff must be conducted and documented and shall include the following:

(1) Instructions on the needs of the specialized population or populations served in the facility, for example:

- (A) aged;
- (B) developmentally disabled;
- (C) mentally ill;
- (D) children; or
- (E) care of cognitively impaired;

residents.

(2) A review of residents' rights and other pertinent portions of the facility's policy manual.

(3) Instruction in first aid, emergency procedures, and fire and disaster preparedness, including evacuation procedures and universal precautions.

(4) A detailed review of the appropriate job description, including a demonstration of equipment and procedures required of the specific position to which the employee will be assigned.

(5) Review of ethical considerations and confidentiality in resident care and records.

(6) For direct care staff, instruction in the particular needs of each resident to whom the employee will be providing care.

(q) Each facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following:

- (1) The name and address of the employee.
- (2) Social Security number.
- (3) Date of beginning employment.
- (4) Past employment, experience, and education if applicable.
- (5) Professional licensure, certification, or registration number or dining assistant certificate or letter of completion if applicable.
- (6) Position in the facility and job description.
- (7) Documentation of orientation to the facility and to the specific job skills.
- (8) Signed acknowledgement of orientation to residents' rights.
- (9) Performance evaluations in accordance with the facility's policy.
- (10) Date and reason for separation.

(r) The employee's personnel record shall be retained for at least three (3) years following termination or separation of the employee from employment.

(s) Professional staff must be licensed, certified, or registered in accordance with applicable state laws or rules.

(t) A physical examination shall be required for each employee of a facility within one (1) month prior to employment. The examination shall include a tuberculin skin test, using the Mantoux method (5 TU PPD), administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The tuberculin skin test must be read prior to the employee starting work. The facility must assure the following:

(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the firststep. The frequency of repeat testing will depend on the risk of infection with tuberculosis.

(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.

(3) The facility shall maintain a health record of each employee that includes:

- (A) a report of the preemployment physical examination; and

(B) reports of all employment-related health examinations.

(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.

(u) In addition to the required inservice hours in subsection (l), staff who have regular contact with residents shall have a

minimum of six (6) hours of dementia-specific training within six (6) months of initial employment, or within thirty (30) days for personnel assigned to the Alzheimer's and dementia special care unit, and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents and to gain understanding of the current standards of care for residents with dementia.

(v) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (c), (e), (f), (g), (i), (j), or (s) is a deficiency;

(2) subsection (a), (b), (d), (h), (k), (l), (m), (n), (o), (p), (t), or (u) is a noncompliance; and

(3) subsection (q) or (r) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-14; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1537, eff Apr 1, 1997; errata, 20 IR 1738; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; filed May 16, 2001, 2:09 p.m.: 24 IR 3024; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jul 22, 2004, 10:05 a.m.: 27 IR 3993; filed Aug 11, 2004, 11:00 a.m.: 28 IR 189)

410 IAC 16.2-3.1-15 Equal access to quality care

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 15. (a) A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the state plan for all individuals regardless of source of payment.

(b) The facility may charge any amount for services furnished to non-Medicaid residents consistent with the notice requirement in section 4(f) of this rule describing the charges.

(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a noncompliance. *(Indiana State Department of Health; 410 IAC 16.2-3.1-15; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1540, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 16.2-3.1-16 Admissions policy

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 16. (a) The facility must not:

(1) require residents or potential residents to waive their rights to Medicare or Medicaid; or

(2) require oral or written assurance that residents or potential residents are not eligible

for, or will not apply for, Medicare or Medicaid benefits.

(b) The facility must not require a third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the facility. However, the facility may require an individual who has legal access to a resident's income or resources available to pay for facility care to sign a contract, without incurring personal financial liability, to provide facility payment from the resident's income or resources.

(c) In the case of a person eligible for Medicaid, a nursing facility must not charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under the state plan, any gift, money, or donation, or other consideration as a precondition of admission, expedited admission, or continued stay in the facility. However, a nursing facility may:

(1) charge a resident who is eligible for Medicaid for items and services the resident has requested and received and that are not specified in the state plan as included in the term "nursing facility services" so long as the facility gives proper notice of the availability and cost of these services to residents and does not condition the resident's admission or continued stay on the request for and receipt of such additional services; or

(2) solicit, accept, or receive a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to a Medicaid-eligible resident, or potential resident, but only to the extent that the contribution is not a condition of admission, expedited admission, or continued stay in the facility for a Medicaid-eligible resident.

(d) A facility must not admit, on or after January 1, 1989, any new residents with:

(1) mental illness unless the state mental health authority or its designee has determined, based upon an independent physical and mental evaluation performed by a person or entity other than the state mental health authority or its designee, prior to admission that:

(A) because of the physical and mental condition of the individual, the individual requires the level of services provided by the facility; and

(B) if the individual requires such level of services, whether the individual requires specialized services for mental

illnesses or services of a lesser intensity; or

(2) mental retardation unless the state mental retardation authority or its designee has determined prior to admission that:

(A) because of the physical and mental condition of the individual, the individual requires the level of services provided by the facility; and

(B) the individual requires such level of services, whether the individual

requires specialized services or services of a lesser intensity for mental retardation.

(e) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (d) is a deficiency; and

(2) subsection (a), (b), or (c) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-16; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1540, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-17 Nursing services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 17. (a) The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.

(b) The facility must provide services by sufficient number of each of the following types of personnel on a twenty-four (24) hour basis to provide nursing care to all residents in accordance with resident care plans:

(1) Except when waived under subsection (f), the facility shall provide a licensed nurse hour-to-resident ratio of five tenths (.5) licensed nurse hour per resident per day, averaged over a one (1) week period. The hours worked by the director of nursing shall not be counted in the staffing hours.

(2) Except when waived under subsection (f), the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

(3) Except when waived under subsection (f), the facility must use the services of a registered nurse for at least eight (8) consecutive hours a day, seven (7) days a week.

(4) Except as waived in subsection (f), the facility must designate a registered nurse who has completed a nursing management course with a clinical component or who has at least one (1) year of nursing supervision in the past five (5) years to serve as the director of nursing on a full-time basis.

(c) The director of nursing will also function in the following duties:

(1) Communication to the administrator and, where appropriate, the physician, the status of the residents, the occurrence of incidents, and accidents and unresolved administrative problems of the nursing department.

(2) Plan for and direct nursing care services in accordance with the physicians' orders and to meet the needs of the residents.

(3) Provide for the training of nursing staff.

(4) Supervise nursing personnel to assure that preventive and restorative nursing procedures for each resident are initiated and performed so as to attain and maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and care plan.

(5) Assure that the clinical records are maintained in accordance with the facility policies and procedures and in compliance with this rule.

(d) The director of nursing shall have, in writing, and shall exercise administrative authority, responsibility, and accountability for nursing services within the facility and shall serve only one (1) facility at a time in this capacity, and confer with the administrator on the evaluation of prospective residents to assure that only those residents whose physical, mental, and psychosocial needs can be met by the facility or through community resources are admitted to and retained by the facility.

(e) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of sixty (60) or fewer residents. These hours worked may be counted toward staffing requirements.

(f) A facility may request a waiver from either the requirement that a nursing facility provide a registered nurse for at least eight (8) consecutive hours a day, seven (7) days a week, or provide a registered nurse as the director of nursing, as specified in subsection

(b), if the following conditions are met:

(1) The facility demonstrates to the satisfaction of the state that the facility has been unable, despite diligent efforts (including offering wages at the community prevailing rate for nursing facilities), to recruit appropriate personnel.

(2) The state determines that a waiver of the requirement will not endanger the health or safety of individuals staying in the facility.

(3) The state finds that, for any periods in which registered nursing services are not available, a registered nurse or physician is obligated to respond immediately to telephone calls from the facility.

(4) A waiver granted under the conditions listed in this subsection is subject to annual state review.

(5) Effective October 1, 1990, in granting or renewing a waiver, a facility may be required by the state to use other qualified, licensed personnel.

(6) The state agency granting a waiver of such requirements provides notice of the waiver to the state long term care

ombudsman and the protection and advocacy system in the state for the mentally ill and mentally retarded.

(7) The nursing facility that is granted such a waiver by the state notifies residents of the facility.

(g) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (c), or (d) is a deficiency; and

(2) subsection (b), (e), or (f) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-17; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1541, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-18 Infection control program

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 18. (a) The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection.

(b) The facility must establish an infection control program under which it does the following:

(1) Investigates, controls, and prevents infections in the facility, including, but not limited to, a surveillance system to:

(A) monitor, investigate, document, and analyze the occurrence of nosocomial infection;

(B) recommend corrective action; and

(C) review findings at least quarterly.

The system shall enable the facility to analyze clusters and/or significant increases in the rate of infection.

(2) Decides what procedures (such as isolation) should be applied to an individual resident, including, but not limited to, written, current infection control program policies and procedures for an isolation/precautions system to prevent the spread of infection that isolates the infectious agent and includes full implementation of universal precautions.

(3) Maintains a record of incidents and corrective actions related to infections.

(4) Provides orientation and in-service education on infection prevention and control, including universal precautions.

(5) Provides a resident health program, including, but not limited to, appropriate personal hygiene and immunization.

(6) Provides an employee health program, including appropriate handling of an infected employee as well as employee exposure.

(7) Reports communicable disease to public health authorities.

(c) A diagnostic chest x-ray completed no more than six (6) months prior to admission shall be required.

(d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter.

(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.

(f) The baseline tuberculin skin testing should employ the two-step method. For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.

(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray

and other physical and laboratory examinations in order to complete a diagnosis.

(h) All skin testing for tuberculosis shall be done using the Mantoux method (5 TU PPD) administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording.

(i) Persons with a documented history of a positive tuberculin skin test, adequate treatment for disease, or preventive therapy for infection, shall be exempt from further skin testing. In lieu of a tuberculin skin test, these persons should have an annual risk assessment for the development of symptoms suggestive of tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss. If symptoms are present, the individual shall be evaluated immediately with a chest x-ray.

(j) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident only to the degree needed to isolate the infecting organism.

(k) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food if direct contact will transmit the disease. An employee with signs and symptoms of a communicable disease, including, but not limited to, an infected or draining skin lesion shall be handled according to a facility's policy regarding direct contact with residents, their food, or resident care items until the condition is resolved. Persons with suspected or proven active tuberculosis will not be permitted to work until determined to be noninfectious and documentation is provided for the employee record.

(l) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(m) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a) is an offense;

(2) subsection (b)(1), (b)(2), (j), (k), or (l) is a deficiency; and

(3) subsection (b)(3), (c), (d), (e), (f), (g), (h), or (i) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-18; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1542, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-19 Environment and physical standards

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 19. (a) The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.

(b) The facility must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association, which is incorporated by reference. This section applies to all facilities initially licensed on or after the effective date of this rule.

(c) Each facility shall comply with fire and safety standards, including the applicable rules of the state fire prevention and building safety commission (675 IAC) where applicable to health facilities.

(d) An emergency electrical power system must supply power adequate at least for lighting all entrances and exits, equipment to maintain the fire detection, alarm, and extinguishing systems, and life support systems in the event the normal electrical supply is interrupted.

(e) When life support systems are used, the facility must provide emergency electrical power with an emergency generator that is located on the premises.

(f) The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. The facility must do the following:

(1) Establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply.

(2) Have adequate outside ventilation by means of windows or mechanical ventilation, or a combination of the two (2).

(3) Equip corridors with firmly secured handrails.

(4) Maintain an effective pest control program so that the facility is free of pests and rodents.

(5) Provide a home-like environment for residents.

(g) Personnel shall handle, store, process, and transport linen in a manner that prevents the spread of infection as follows:

(1) Soiled linens shall be securely contained at the source where it is generated and handled in a manner that protects workers and precludes contamination of clean linen.

(2) Clean linen from a commercial laundry shall be delivered to a designated clean area in a manner that prevents contamination.

(3) When laundry chutes are used to transport soiled linens, the chutes shall be maintained in a clean and sanitary state.

(4) Linens shall be maintained in good repair.

(5) The supply of clean linens, washcloths, and towels shall be sufficient to meet the needs of each resident. The use of common towels, washcloths, or toilet articles is prohibited.

(h) The facility must provide comfortable and safe temperature levels.

(i) Each facility shall have an adequate heating and air conditioning system.

(j) The heating and air conditioning systems shall be maintained in normal operating condition and utilized as necessary to provide comfortable temperatures in all resident and public areas.

(k) Resident rooms must be designed and equipped for adequate nursing care, comfort, and full visual privacy of residents.

(l) Requirements for bedrooms must be as follows:

(1) Accommodate no more than four (4) residents.

(2) Measure at least eighty (80) square feet per resident in multiple resident bedrooms and at least one hundred (100) square feet in single resident rooms.

(3) A facility initially licensed prior to January 1, 1964, must provide not less than sixty (60)

square feet per bed in multiple occupancy rooms.

A facility initially licensed after January 1, 1964, must have at least seventy (70) square feet of usable floor area for each bed. Any facility that provides an increase in bed capacity with plans approved after December 19, 1977, must provide eighty (80) square feet of usable floor area per bed.

(4) Any room utilized for single occupancy must be at least eight (8) feet by ten (10) feet in size with a minimum ceiling

height of eight (8) feet. A new facility, plans for which were approved after December 19, 1977, must contain a minimum of one hundred (100) square feet of usable floor space per room for single occupancy.

(5) Have direct access to an exit corridor.

(6) Be designed or equipped to assure full visual privacy for each resident in that they have the means of completely withdrawing from public view while occupying their beds.

(7) Except in private rooms, each bed must have ceiling suspended cubicle curtains or screens of flameproof or flameretardant material, which extend around the bed to provide total visual privacy, in combination with adjacent walls and curtains.

(8) Have at least one (1) window to the outside with an area equal to one-tenth (1/10) of the total floor area of such rooms, up to eighty (80) square feet per bed for rooms occupied by more than one (1) person and one hundred (100) square feet for single occupancy.

(9) Have a floor at or above grade level. A facility whose plans were approved before the effective date of this rule may use rooms below ground level for resident occupancy if the floors are not more than three (3) feet below ground level.

(m) The facility must provide each resident with the following:

(1) A separate bed of proper size and height for the convenience of the resident.

(2) A clean, comfortable mattress.

(3) Bedding appropriate to the weather, climate, and comfort of the resident.

(4) Functional furniture and individual closet space in the resident's room with clothes racks and shelves accessible to the resident and appropriate to the resident's needs, including the following:

(A) A bedside cabinet or table with hard surface, washable top.

(B) A clothing storage closet (which may be shared), including a closet rod and a shelf for clothing, toilet articles, and other personal belongings.

(C) A cushioned comfortable chair.

(D) A reading or bed lamp.

(E) If the resident is bedfast, an adjustable over-the-bed table or other suitable device.

- (5) Each resident room shall have clothing storage, which includes a closet at least two (2) feet wide and two (2) feet deep, equipped with an easily opened door and a closet rod at least eighteen (18) inches long of adjustable height to provide access by residents in wheelchairs. The closet should be tall enough that clothing does not drag on the floor and to provide air circulation. A dresser, or its equivalent in shelf and drawer space equal to a dresser with an area of at least four hundred thirty-two (432) square inches, equipped with at least two (2) drawers six (6) inches deep to provide for clothing, toilet articles, and other personal belongings shall also be provided.
- (n) Each resident room must be equipped with or located near toilet or bathing facilities such that residents who are independent in toileting, including chair-bound residents, can routinely have access to a toilet on the unit. As used in this subsection, "toilet facilities" means a space that contains a lavatory with mirror and a toilet. Bathing and toilet facilities shall be partitioned or completely curtained for privacy and mechanically ventilated. Toilets, bath, and shower compartments shall be separated from rooms by solid walls or partitions that extend from the floor to the ceiling.
- (o) Bathing facilities for residents not served by bathing facilities in their rooms shall be provided as follows:
- Residents Bathtubs or Showers
- | | |
|----------|---|
| 3 to 22 | 1 |
| 23 to 37 | 2 |
| 38 to 52 | 3 |
| 53 to 67 | 4 |
| 68 to 82 | 5 |
| 83 to 97 | 6 |
- Portable bathing units may be substituted for one (1) or more of the permanent fixtures with prior approval of the division.
- (p) Toilet facilities shall be provided as set out in the building code at the time the facility was constructed. This section applies to facilities and additions to facilities for which construction plans are submitted for approval after July 1, 1984. At least one (1) toilet and lavatory shall be provided for each eight (8) residents. At least one (1) toilet and one (1) lavatory of the appropriate height for a resident seated in a wheelchair shall be available for each sex on each floor utilized by residents.
- (q) Toilet rooms adjacent to resident bedrooms shall serve no more than two (2) resident rooms or more than eight (8) beds.
- (r) Hot water temperature for all bathing and hand washing facilities shall be controlled by automatic control valves. Water temperature at point of use must be maintained between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit.
- (s) Individual towel bars shall be provided for each resident.
- (t) All bathing and shower rooms shall have mechanical ventilation.
- (u) The nurses' station must be equipped to receive resident calls through a communication system from the following:
- (1) Resident rooms.
 - (2) Toilet and bathing facilities.
 - (3) Activity, dining, and therapy areas.

(v) The facility must provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by this rule and as identified in each resident's care plan.

(w) Each facility shall have living areas with sufficient space to accommodate the dining, activity, and lounge needs of the residents and to prevent the interference of one (1) function with another as follows:

(1) In a facility licensed prior to June 1970, the lounge area, which may also be used for dining, shall be a minimum of ten (10) square feet per bed.

(2) In a facility licensed since June 1970, total dining, activity, and lounge area shall be at least twenty (20) square feet per bed.

(3) Facilities for which construction plans are submitted for approval after 1984, the total area for resident dining, activity, and lounge purposes shall not be less than thirty (30) square feet per bed.

(4) Dining, lounge, and activity areas shall be:

- (A) readily accessible to wheelchair and ambulatory residents; and
- (B) sufficient in size to accommodate necessary equipment and to permit unobstructed movement of wheelchairs, residents, and personnel responsible for assisting, instructing, or supervising residents.

(5) Dining tables of the appropriate height shall be provided to assure access to meals and comfort for residents seated in wheelchairs, geriatric chairs, and regular dining chairs.

(x) Room-bound residents shall be provided suitable and sturdy tables or adjustable over-bed tables or other suitable devices and chairs of proper height to facilitate independent eating.

(y) Facilities having continuing deficiencies in the service of resident meals directly attributable to inadequacies in the size of the dining room or dining areas shall submit a special plan of correction detailing how meal service will be changed to meet the resident's needs.

(z) A comfortably furnished resident living and lounge area shall be provided on each resident occupied floor of a multistory building. This lounge may be furnished and maintained to accommodate activity and dining functions.

(aa) The provision of an activity area shall be based on the level of care of the residents housed in the facility. The facility shall provide the following:

- (1) Equipment and supplies for independent and group activities and for residents having special needs.
- (2) Space to store recreational equipment and supplies for the activities program within or convenient to the area.
- (3) Locked storage for potentially dangerous items, such as scissors, knives, razor blades, or toxic materials.
- (4) In a facility for which plans were approved after December 19, 1977, a rest room large

enough to accommodate a wheelchair and equipped with grab bars located near the activity area.

(bb) Maintain all essential mechanical, electrical, and resident care equipment in safe operating condition. Each facility shall establish and maintain a written program for maintenance to ensure the continued upkeep of the facility.

(cc) The facility must provide one (1) or more rooms designated for resident dining and activities. These rooms must:

- (1) be well-lighted with artificial and natural lighting;
- (2) be well-ventilated, with nonsmoking areas identified;
- (3) be adequately furnished with structurally sound furniture that accommodates residents' needs, including those in wheelchairs; and
- (4) have sufficient space to accommodate all activities.

(dd) Each facility shall have natural lighting augmented by artificial illumination, when necessary, to provide light intensity and to avoid glare and reflective surfaces that produce discomfort and as indicated in the following table:

Minimum Average Area	Foot-Candle
Corridors and interior ramp	15
Stairways and landing	20
Recreation area	40
Dining area	20
Resident care room	20
Nurses' station	40
Nurses' desk for charts and records	60
Medicine cabinet	75
Utility room	15
Janitor's closet	15
Reading and bed lamps	20
Toilet and bathing facilities	20
Food preparation surfaces and utensil washing facilities	70

(ee) Each facility shall have a policy concerning pets. Pets may be permitted in a facility but shall not be allowed to create a nuisance or safety hazard. Any pet housed in a facility shall have periodic veterinary examinations and required immunizations in accordance with state and local health regulations.

(ff) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (a) is an offense;
- (2) subsection (b), (c), (d), (e), (f), (g), (h), (i), (j), (r), (u), or (bb) is a deficiency; and
- (3) subsection (k), (l), (m), (n), (o), (p), (q), (s), (t), (v), (w), (x), (z), (aa), (cc), (dd), or (ee) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-19; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1543, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Apr 16, 2004, 10:30 a.m.: 27 IR 2715)

410 IAC 16.2-3.1-20 Dietary services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1; IC 25-14.5

Sec. 20. (a) The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily

nutritional and special dietary needs of each resident.

(b) The facility must employ a qualified dietitian either full time, part time, or on a consultant basis.

(c) If a qualified dietitian is not employed full time, the facility must designate a qualified person to serve as the director of food service who receives frequently scheduled consultation from a qualified dietitian.

(d) A qualified dietitian is one who is certified under IC 25-14.5. However, a person employed by a health facility as of July 1, 1984, must:

- (1) have a bachelor's degree with major studies in food management;
- (2) have one (1) year of supervisory experience in the dietetic service of a health care institution; and
- (3) participate annually in continuing dietetic education.

(e) The food service director must be one (1) of the following:

- (1) A qualified dietitian.
- (2) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year experience in some aspect of institutional food service management.
- (3) A graduate of a dietetic technician program approved by the American Dietetic Association.
- (4) A graduate of an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year experience in some aspect of food service management.
- (5) An individual with training and experience in food service supervision and management in a military service equivalent in content to the program in subdivisions (2), (3), and (4).

(f) The number of consultant dietitian hours shall be commensurate with number of residents, complexity of resident services, and qualifications of food service director with at least the following number of hours being provided:

- (1) Four (4) hours every two (2) weeks for a facility of sixty (60) residents or less.
- (2) Five (5) hours every two (2) weeks for a facility of sixty-one (61) to ninety (90) residents.
- (3) Six (6) hours every two (2) weeks for a facility of ninety-one (91) to one hundred twenty (120) residents.
- (4) Seven (7) hours every two (2) weeks for a facility of one hundred twenty-one (121) to one hundred fifty (150) residents.
- (5) Eight (8) hours every two (2) weeks for a facility of one hundred fifty-one (151) residents or more.

(g) Sufficient consultant hours shall be provided to allow the dietitian to correlate and integrate the nutritional aspects of resident care services by directing the following functions:

- (1) Reviewing the resident's medical history, the comprehensive assessment, and assessing the resident's nutritional status.

- (2) Interviewing and counseling the resident.
- (3) Recording pertinent resident information on the record.
- (4) Developing nutritional care goals.
- (5) Conferring in interdisciplinary care planning.
- (6) Sharing specialized knowledge with other members of the resident care team.
- (7) Developing the regular diets to meet the specialized needs of residents.
- (8) Developing therapeutic diets.
- (9) Monitoring institutional food preparation and service.
- (h) A facility must employ sufficient support personnel competent to carry out the functions of the dietary service.
- (i) Menus must:
 - (1) meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences;
 - (2) be prepared in advance;
 - (3) be approved by a qualified dietitian; and
 - (4) be followed.
- (j) A current diet manual shall be available.
- (k) The regular menu for the facility must be posted or made available to the residents.
- (l) For purposes of IC 16-28-5-1, a breach of:
 - (1) subsection (a) is a deficiency; and
 - (2) subsection (b), (c), (d), (e), (f), (g), (h), (i), (j), or (k) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-20; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1546, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-21 Food

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

Sec. 21. (a) Each resident receives and the facility provides the following:

- (1) Food prepared by methods that conserve nutritive value, flavor, and appearance.
- (2) Food that is palatable, attractive, and at the proper temperature.
- (3) Food prepared in a form designed to meet individual needs.
- (4) Substitutes offered of similar nutritive value to residents who refuse food served.
- (b) Therapeutic diets must be prescribed by the attending physician.
- (c) Each resident receives and the facility provides at least three (3) meals daily, at regular times comparable to normal mealtimes in the community.
- (d) There must be no more than fourteen (14) hours between a substantial evening meal and breakfast the following day, except as provided in subsection (f).
- (e) The facility must offer snacks at bedtime daily.
- (f) When a nourishing snack is provided at bedtime, up to sixteen (16) hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span and a nourishing snack is

served. A nourishing snack is an offering of a minimum of a food item and a beverage.

(g) If a clear liquid diet is prescribed, the order shall be confirmed with the physician every forty-eight (48) hours, if it is the only source of nutrition unless a different time is specified in the physician's order.

(h) The facility must provide special eating equipment and utensils for residents who need them.

(i) The facility must do the following:

(1) Procure food from sources approved or considered satisfactory by federal, state, or local authorities.

(2) Comply with 410 IAC 7-24.

(3) Store, prepare, distribute, and serve food under sanitary conditions.

(4) Provide available storage space in a room adjacent to or convenient to the kitchen for at least a three (3) day supply of staple food both for normal and emergency needs in keeping dietary standards.

(5) Dispose of garbage and refuse properly.

(j) Any contracted food service to a facility must comply with all rules pertaining to dietary services.

(k) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (b), (g), (h), (i)(2), or (i)(3) is a deficiency; and

(2) subsection (a), (c), (d), (e), (f), (i)(1), (i)(4), (i)(5), or (j) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-21; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1547, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; errata filed Mar 28, 2002, 4:35 p.m.: 25 IR 2522; errata filed Jan 21, 2005, 10:32 a.m.: 28 IR 1695)

410 IAC 16.2-3.1-22 Physician services

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

Sec. 22. (a) A physician must personally approve, in writing, a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician.

(b) The facility must ensure the following:

(1) The medical care of each resident is supervised by a physician.

(2) Another physician supervises the medical care of residents when their attending physician is unavailable.

(3) Verbal/telephone orders shall contain the date and time, physician's order, signature of the licensed nurse accepting the order, and the name of the physician giving the order.

(c) The physician must do the following:

(1) Review the resident's total program of care as defined by the comprehensive assessment and care plan, including medications, and treatments, by signing and dating a recap of all current orders at each visit required by subsection (d).

(2) Write, or cause to be written, sign, and date progress notes at each visit. Dictated notes must be filed in the clinical record within seventy-two

(72) hours of the visit and signed within seven (7) days of the time the transcription is completed, and notes shall become part of the permanent record within seventy-two (72) hours unless an emergency situation warrants immediate documentation.

(3) Sign and date all orders. Verbal orders shall be countersigned and dated on the clinical record at the physician's next visit. The use of facsimile to transmit physicians orders is permissible. All matters of privacy and confidentiality of records shall be maintained.

(d) Physician visits must conform to the following schedule:

(1) The resident must be seen by a physician at least once every thirty (30) days for the first ninety (90) days after admission, and at least every sixty (60) days thereafter, unless more frequent visits are indicated.

(2) A physician's routine visit is considered timely if it occurs not later than ten (10) days after the date the visit was required.

(3) Except as provided in subsection (f), all required physician visits must be made by the physician personally.

(4) At the option of the physician, required visits after the initial visit may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner, or clinical nurse specialist in accordance with subsection (f).

(e) The facility must provide or arrange for the provision of physician services twenty-four (24) hours a day, in case of emergency.

(f) A physician may delegate tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who:

(1) is acting within the scope of practice as defined by state law; and

(2) is under the supervision of the physician.

(g) If the physician employs other licensed or certified personnel, the administrator of the facility shall ensure that the means of supervision and duties delegated are filed in writing with the facility. The scope and content of their practice shall be within that specified by appropriate statutes governing each profession.

(h) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (e) is an offense;

(2) subsection (a), (b), or (f) is a deficiency; and

(3) subsection (c), (d), or (g) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-22; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1547, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-23 Specialized rehabilitative services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 23. (a) If specialized rehabilitative services, such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive care plan, the facility must:

(1) provide the required services; or

(2) obtain the required services from an outside resource from a provider of specialized rehabilitative services.

(b) Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.

(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a deficiency. *(Indiana State Department of Health; 410 IAC 16.2-3.1-23; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1548, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 16.2-3.1-24 Dental services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 24. (a) The facility must assist residents in obtaining routine and twenty-four (24) hour emergency dental care. The facility must provide, or obtain from an outside resource, the following dental services to meet the needs of each resident:

(1) Routine dental services (to the extent covered under the state plan).

(2) Emergency dental services.

(3) Prompt referral of residents with lost or damaged dentures to a dentist.

(b) The facility must assist the resident, if needed, in making appointments and transportation arrangements to and from the source of the services.

(c) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a) is a deficiency; and

(2) subsection (b) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-24; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1548, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-25 Pharmacy services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1; IC 25-26-13

Sec. 25. (a) The facility must provide routine and emergency drugs and biologicals to its residents or obtain them under an agreement.

(b) The administration of drugs and treatments, including alcoholic beverages, nutrition concentrates, and therapeutic supplements, shall be as ordered by the attending physician and shall be supervised by a licensed nurse as follows:

(1) Medication shall be administered by licensed nursing personnel or qualified medication aides. When other than licensed personnel administer drugs, the facility shall ensure that the person has been properly qualified in medication administration by a state approved course.

(2) The resident shall be observed for effects of medications. Documentation of any undesirable effects shall be contained in the clinical record. The physician shall be notified immediately if undesirable effects occur, and such notification shall be documented in the clinical record.

(3) The individual administering the medication shall document the administration indicating the

- time, name of drug or treatment, and dosage (if applicable), with name or initials.
- (4) Medication shall be administered by the person who has set up the doses, except under a single unit dose package system.
- (5) Setting up of doses for more than one (1) scheduled administration is not permitted.
- (6) Injectable medications shall be given only by licensed personnel.
- (7) No medication shall be used for any resident other than the resident for whom it was prescribed.
- (8) Per required need (PRN) medications may be administered only upon authorization of a licensed nurse or physician. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.
- (9) Any error in medication administration shall be noted in the resident's record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident. The facility must ensure that it is free of medication error rates of five percent (5%) or greater and that residents are free of any medication errors that jeopardize their health, safety, or welfare.
- (c) The facility may permit qualified medication aides and student nurses to administer drugs under the general supervision of a licensed nurse following successful completion of the state qualifying test for medication aides.
- (d) Student nurses may administer medications when under the direct supervision of the instructor and the activity is part of the student's educational programs.
- (e) The facility must employ or obtain the services of a licensed pharmacist who is required to do the following:
- (1) Provide consultation and written reports on all aspects of the provision of pharmacy services in the facility.
 - (2) Establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation.
 - (3) Determine that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.
- (f) If a facility operates its own duly licensed pharmacy, it shall comply with IC 25-26-13.
- (g) The facility shall only utilize a pharmacy that:
- (1) complies with the facility policy regarding receiving, packaging, and labeling of pharmaceutical products unless contrary to state and federal laws and rules on pharmacy practices;
 - (2) provides prescribed drugs, including the availability of a twenty-four (24) hour prescription service on a prompt and timely basis; and
 - (3) refills prescription drugs, when needed, in order to prevent interruption of drug regimens.
- (h) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.
- (i) The pharmacist must report any irregularities to the attending physician and the director of nursing, and these reports must be acted upon.
- (j) Over-the-counter medications, prescription drugs, and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.
- (k) Labeling of prescription drugs shall include the following:
- (1) Resident's full name.
 - (2) Physician's name.
 - (3) Prescription number.
 - (4) Name and strength of drug.
 - (5) Directions for use.
 - (6) Date of issue and expiration date (when applicable).
 - (7) Name and address of the pharmacy that filled the prescription. If a facility is supplied medication in a unit dose packaging, reasonable variations that comply with the acceptable pharmaceutical procedures are permitted.
- (l) Over-the-counter medications must be identified with the following:
- (1) Resident name.
 - (2) Physician name.
 - (3) Expiration date.
 - (4) Name of drug.
 - (5) Strength.
- (m) In accordance with state and federal law, the facility must store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys.
- (n) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems, in which the quantity stored is minimal and a missing dose can be readily detected.
- (o) Discontinued, outdated, or deteriorated medication shall not be maintained or used in the facility. Medications shall be disposed of in compliance with federal, state, and local laws.
- (p) All unused portions of any properly labeled medications, including controlled substances, shall be released to the discharged resident, along with instructions for their use, upon written order of the physician.
- (q) Unopened and unexposed medication may be returned to the issuing pharmacy for credit to the appropriate party.
- (r) Unused portions of medications not released with the resident or returned for credit shall be destroyed on the premises within seven (7) days by the consultant pharmacist or licensed nurse with a witness.
- (s) Disposition of any released, returned, or destroyed medication shall be written in the resident's clinical record and shall include the following information:
- (1) The name of the resident.
 - (2) The name and strength of the drug.
 - (3) The prescription number.
 - (4) The reason for disposal.
 - (5) The amount disposed of.
 - (6) The method of disposition.

- (7) The date of disposal.
 - (8) The signatures of the persons conducting the disposal of the drug.
 - (t) For purposes of IC 16-28-5-1, a breach of:
 - (1) subsection (a), (b), (c), (f), (g), (i), (j), (k), (l), (m), (n), or (o) is a deficiency;
 - (2) subsection (d), (e), (h), (p), (r), or (s) is a noncompliance; and
 - (3) subsection (q) is a nonconformance.
- (Indiana State Department of Health; 410 IAC 16.2-3.1-25; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1548, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; filed May 16, 2001, 2:09 p.m.: 24 IR 3027; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 16.2-3.1-26 Resident behavior and facility practices

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

- Sec. 26. (a) Less restrictive measures must have been tried by the interdisciplinary team and shown to be ineffective before restraints are applied.
- (b) Restraint or seclusion shall be employed only by order of a physician, and the type of restraint or seclusion shall be specified in the order.
- (c) Per required need (PRN) restraint or seclusion shall only be employed upon the authorization of a licensed nurse. All contacts with a nurse or physician not on the premises for authorization to administer PRN restraints shall be documented in the nursing notes indicating the time and date of the contact.
- (d) The facility policy manual shall designate who is authorized to apply restraints. The facility shall have written procedures in which the persons authorized to apply restraints have been properly trained.
- (e) In emergencies when immediate physical restraint or seclusion is needed for the protection of the resident or others, restraint or seclusion may be authorized by a licensed nurse for a period not to exceed twelve (12) hours. A physician's order to continue restraint or seclusion must be obtained in order to continue the restraint beyond the twelve (12) hour period.
- (f) A record of physical restraint and seclusion of a resident shall be kept in accordance with this rule.
- (g) Each resident under restraint and seclusion shall be visited by a member of the nursing staff at least once every hour and more frequently if the resident's condition requires.
- (h) Each physically restrained or secluded individual shall be temporarily released from restraint or seclusion at least every two (2) hours or more often if necessary except when the resident is asleep. When the resident in restraint is temporarily released, the resident shall be assisted to ambulate, toileted, or changed in position as the resident's physical condition permits.
- (i) A resident shall not be placed alone in a room with a full, solid locked door.
- (j) Key lock restraints shall not be used or available in the facility.
- (k) Chemical restraint shall be authorized in writing by a physician.

- (l) An order for chemical restraints shall specify the dosage and the interval of and reasons for the use of chemical restraint.
 - (m) Administration of chemical restraints shall be documented in accordance with this rule.
 - (n) Restraints and seclusion shall be used in such a way as not to cause physical injury to the resident.
 - (o) Restraints of any type or seclusion shall only be used for the protection and safety of residents or others as required by medical symptoms that warrant the restraint, or safety issues that warrant the seclusion, and shall not be used as a punishment. Restraints and seclusion shall be used in such a way as to minimize discomfort to the resident.
 - (p) Restraints or seclusion shall be applied in a manner that permits rapid removal in case of fire or other emergency.
 - (q) The resident's legal representative shall be notified of the need for restraint or seclusion at the time of the physician's initial order or within twenty-four (24) hours after emergency restraint or seclusion is applied. Such notification shall be documented in the nursing notes. After the physician's order for restraint or seclusion is initially written, the legal representative may request in writing not to be notified.
 - (r) The least restrictive restraint must be used. The continued use of the restraint or seclusion must be reviewed at each care plan conference. Least or lesser restrictive measures must be considered at each meeting.
 - (s) The use of restraints must be reviewed by the interdisciplinary team within one (1) month after the application of the restraint, and every thirty (30) days for the first ninety (90) days of the restraints, and at least quarterly thereafter.
 - (t) For purposes of IC 16-28-5-1, a breach of:
 - (1) subsection (j) or (n) is an offense;
 - (2) subsection (a), (b), (c), (d), (e), (g), (h), (i), (k), (l), (o), (p), or (r) is a deficiency; and
 - (3) subsection (f), (m), (q), or (s) is a noncompliance.
- (Indiana State Department of Health; 410 IAC 16.2-3.1-26; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1550, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jul 22, 2004, 10:05 a.m.: 27 IR 3996)*

410 IAC 16.2-3.1-27 Abuse and neglect

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

- Sec. 27. (a) The resident has the right to be free from:
- (1) sexual, physical, and mental abuse;
 - (2) corporal punishment;
 - (3) neglect; and
 - (4) involuntary seclusion.
- (b) The resident has the right to be free from verbal abuse.
- (c) For purposes of IC 16-28-5-1, a breach of:
- (1) subsection (a) is an offense; and
 - (2) subsection (b) is a deficiency.
- (Indiana State Department of Health; 410 IAC 16.2-3.1-27; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1551, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 16.2-3.1-28 Staff treatment of residents

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

Sec. 28. (a) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

(b) The facility must:

(1) not employ individuals who have:

(A) been found guilty of abusing, neglecting, or mistreating residents or misappropriating residents' property by a court of law; or

(B) had a finding entered into the state nurse aide registry concerning abuse, neglect, mistreatment of residents, or misappropriation of their property; and

(2) report any knowledge the facility has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the state nurse aide registry or licensing authority.

(c) The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property, are reported immediately to the administrator of the facility and other officials in accordance with state law through established procedures, including to the state survey and certification agency.

(d) The facility must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in progress.

(e) The results of all investigations must be reported to the administrator or the administrator's designated representative and to other officials in accordance with state law (including to the department) within five (5) working days of the incident, and if the alleged violation is verified, appropriate corrective action must be taken.

(f) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (b), (c), (d), or (e) is a deficiency; and

(2) subsection (a) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-28; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1551, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-29 Preadmission evaluation

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

Sec. 29. (a) The facility is responsible for the evaluation of prospective residents to ensure that only those residents whose medical, cognitive, and psychosocial needs can be met by the facility or through community resources are admitted to the facility.

(b) An evaluation of the prospective residents shall be made prior to admission. The evaluation shall include personal or telephone interviews with:

- (1) the resident;
- (2) the resident's physician; or

(3) the representative of the facility from which the resident is being transferred if applicable.

A brief record of the evaluation shall be retained by the facility for those residents who are admitted to the facility and shall be used, as applicable, in planning for the care of the resident.

(c) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a) is an offense; and

(2) subsection (b) is a deficiency.

(Indiana State Department of Health; 410 IAC 16.2-3.1-29; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1551, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jul 22, 2004, 10:05 a.m.: 27 IR 3997)

410 IAC 16.2-3.1-30 Admission orders

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

Sec. 30. (a) At the time each resident is admitted, the facility must have physician orders for the resident's immediate care that are based on a physical examination that shall be performed by the attending physician or the attending physician's designee on the day of admission or not earlier than thirty (30) days prior to admission. The physical information shall be updated to include new medical information if the resident's condition has changed since the physical examination was completed. Written admission orders and the physical examination, both signed by the physician, shall be on the resident's record on admission or within forty-eight (48) hours after the resident is admitted to the facility. The use of facsimile is acceptable.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. *(Indiana State Department of Health; 410 IAC 16.2-3.1-30; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1552, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 16.2-3.1-31 Comprehensive assessments

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 12-10-12; IC 16-28-5-1

Sec. 31. (a) The facility must make a comprehensive assessment of each resident's needs that describes the resident's capability to perform daily life functions and significant impairments in functional capacity.

(b) Comprehensive facilities must use an assessment instrument based on the uniform data set specified by the division. Facilities which are not certified by Medicare or Medicaid must comply with this subsection by April 1, 1999.

(c) The comprehensive assessment must include at least the following information:

- (1) Medically defined conditions and prior medical history.
- (2) Medical status measurement.
- (3) Physical and mental functional status.
- (4) Sensory and physical impairments.
- (5) Nutritional status and requirements.
- (6) Special treatments or procedures.
- (7) Mental and psychosocial status.
- (8) Discharge potential.
- (9) Dental condition.
- (10) Activities potential.

- (11) Rehabilitation potential.
 - (12) Cognitive status.
 - (13) Drug therapy.
- (d) The facility must conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as follows:

- (1) Assessments must be conducted no later than fourteen (14) days after the date of admission, and promptly after a significant change in the resident's physical or mental condition.
- (2) Assessments shall be conducted at least once every twelve (12) months.
- (3) The nursing facility must examine each resident no less than once every three (3) months, and, as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment.

- (e) The results of the assessment are used to develop, review, and revise the resident's comprehensive care plan.
- (f) The facility must coordinate assessments with the state required preadmission screening program under IC 12-10-12 to the maximum extent practicable to avoid duplicative testing and effort.
- (g) Each assessment must be conducted or coordinated with the appropriate participation of health professionals.
- (h) Each assessment must be conducted or coordinated by a registered nurse who signs and certifies the completion of the assessment.
- (i) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.
- (j) For purposes of IC 16-28-5-1, a breach of:
 - (1) subsection (a), (c), (d), or (e) is a deficiency; and
 - (2) subsection (b), (f), (g), (h), or (i) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-31; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1552, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-32 Quality of life

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

- Sec. 32. (a) A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.
- (b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. *(Indiana State Department of Health; 410 IAC 16.2-3.1-32; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1552, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 16.2-3.1-33 Activities

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

- Sec. 33. (a) The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the

physical, mental, and psychosocial well-being of each resident.

- (b) The facility shall have a plan of activities appropriate to the needs of the residents of that facility that include, but is not limited to, the following:

- (1) Group social activities.
- (2) Indoor and outdoor activities, which may include daily walks.
- (3) Activities away from the facility.
- (4) Spiritual programs and attendance at houses of worship.
- (5) Opportunity for resident involvement in planning and implementation of the activities program.
- (6) Creative activities, such as the following:
 - (A) Arts.
 - (B) Crafts.
 - (C) Music.
 - (D) Drama.
 - (E) Educational programs.
- (7) Exercise activities.
- (8) One (1) to one (1) attention.
- (9) Promotion of facility/community interaction.

- (c) An activities program shall be provided on a daily basis, including evenings and weekends. At least thirty (30) minutes of staff time shall be provided per resident per week for activities duties. Participation shall be encouraged, although the final option remains with the resident.

- (d) Responsibilities of the activities director shall include, but are not limited to, the following:

- (1) Preparing a monthly calendar of activities written in large print and posted in a prominent location that is visible to residents and visitors.
- (2) Assessing resident needs and developing resident activities goals for the written care plan.
- (3) Reviewing goals and progress notes.
- (4) Recruiting, training, and supervising volunteers when appropriate.
- (5) Coordinating the activities program with other services in the facility.
- (6) Requesting and maintaining equipment and supplies.
- (7) Participation in developing a budget.

- (e) The activities program must be directed by a qualified professional who:

- (1) is a qualified therapeutic recreation specialist or an activities professional, who is eligible for certification as a therapeutic recreational specialist or an activities professional by a recognized accrediting body on or after October 1, 1990;
- (2) has two (2) years of experience in a social or recreational program, approved by the department within the last five (5) years, one (1) of which was full time in a resident activities program in a health care setting;
- (3) is a qualified occupational therapist or occupational therapy assistant; or
- (4) has satisfactorily completed, or will complete within six (6) months, a ninety (90) hour training course approved by the division and has at least a high school diploma or its equivalent. Current

employment as an activities director who completed an approved activities director course prior to the effective date of this rule shall be allowed to maintain a position as an activities director in health care facilities.

(f) After July 1, 1984, any person who has not completed an activities director course approved by the division and is assigned responsibility for the activities program shall receive consultation until the person has completed such a course. Consultation shall be provided by:

- (1) a recreation therapist;
- (2) an occupational therapist or occupational therapist assistant; or
- (3) a person who has completed a division-approved course and has two (2) years' experience.

(g) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (a) or (b) is a deficiency; and
- (2) subsection (c), (d), (e), or (f) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-33; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1553, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-34 Social services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1; IC 25-23.6-5-1

Sec. 34. (a) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, including the following where appropriate:

- (1) Assessment of each resident's psychosocial needs and development of a plan for providing care.
- (2) Review of the resident's needs and care plan with progress notes indicating implementation of methods to respond to identified needs.
- (3) Assistance to residents and spouses to utilize community resources through referral when the services needed are not provided by the facility.
- (4) Assistance to residents in adjusting to the facility, exercising rights as residents, and promoting the continuance of relationships with the family and community.
- (5) Advice and appropriate referrals to minimize social and economic obstacles to discharge and coordination of discharge planning.
- (6) Coordination of relocation planning, including advice and referral to community resources before and during relocation.
- (7) Establishment of a positive and socially therapeutic environment through staff training and input on policies and procedures.
- (8) Promotion of facility-community interaction.

(b) At least fifteen (15) minutes of time shall be provided per resident per week by the qualified social worker or social service designee for social service duties.

(c) In facilities of more than one hundred twenty (120) beds, the facility must employ, full time, a qualified social worker. A qualified social worker is one (1) of the following:

(1) Indiana board certification in social work under IC 25-23.6-5-1 with at least one (1) year's experience in a health care setting working directly with individuals.

(2) An individual with a bachelor's or advanced degree, or both, in social work or a bachelor's or advanced degree, or both, in a human services field, including, but not limited to:

- (A) sociology;
- (B) special education;
- (C) rehabilitation counseling; or
- (D) psychology; or
- (E) gerontology;

and one (1) year of supervised social service experience in a health care setting working directly with individuals.

(d) In facilities of one hundred twenty (120) beds or less, a person who provides social services is an individual with one (1) of the following qualifications:

(1) Indiana board certification in social work under IC 25-23.6-5-1 with at least one (1) year's experience in a health care setting working directly with individuals.

(2) A bachelor's or advanced degree, or both, in social work or a degree in the human services fields, including, but not limited to:

- (A) sociology;
- (B) special education;
- (C) rehabilitation counseling;
- (D) psychology; and
- (E) gerontology;

and one (1) year of supervised social service experience under the supervision of a qualified social worker in a health care setting working directly with individuals.

(3) A high school diploma or its equivalent who has satisfactorily completed, or will complete within six (6) months, a forty-eight (48) hour social service course approved by the division. Consultation must be provided by a person who meets the qualifications under subdivision (1) or (2). Consultation by a person who meets the qualifications under subdivision (1) or (2) must occur no less than an average of four (4) hours per month.

(4) Ordained minister, priest, rabbi, or sister or brother of religious institutes who has satisfactorily completed a forty-eight (48) hour social service course approved by the division. A person who has not completed a course must have consultation of no less than an average of four (4) hours per month from a person who meets the qualifications of subdivision (1) or (2) until the person has satisfactorily completed the division approved course.

(e) Current employment as a social service designee who completed an approved social service course prior to the effective date of this rule shall be allowed to maintain a position as a social service designee in health care facilities. Consultation shall be provided in accordance with subsection (d).

(f) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (a) is a deficiency;
- (2) subsection (b), (c), or (d) is a noncompliance; and
- (3) subsection (e) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-34; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1553, eff Apr 1, 1997; errata filed Jan 10, 1997, 4:00 p.m.: 20 IR 1593; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; filed May 16, 2001, 2:09 p.m.: 24 IR 3028; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-35 Comprehensive care plan

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 35. (a) The facility must develop a written comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment.

(b) The care plan must describe the following:

- (1) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.
- (2) Any services that would otherwise be required, but are not provided due to the resident's exercise of rights, including the right to refuse treatment.

(c) A comprehensive care plan must be:

- (1) developed within seven (7) days after the completion of the comprehensive assessment; and
- (2) prepared by an interdisciplinary team that includes:

- (A) the attending physician;
- (B) a registered nurse with responsibility for the resident; and
- (C) other appropriate staff in disciplines as determined by the resident's needs; and to the extent practicable with the participation of the resident and the resident's family.

(d) The written care plan shall indicate the following:

- (1) Resident care priorities.
- (2) Plans of action to achieve identified goals as follows:

- (A) For each goal, the disciplines responsible for assisting in achieving these goals.
- (B) Periodically reviewed and revised at a care plan conference by a team of qualified persons, with the participation of the resident and the resident's family to the extent practicable, after each assessment or assessment review.

(e) Documentation of care plan reviews shall indicate the date of the review and the initials of each reviewer present and that the goals and approaches have been updated in accordance with the resident's condition.

(f) The resident's care plan shall be available for use by all personnel caring for the resident.

(g) The services provided or arranged by the facility must:

- (1) meet professional standards of quality; and
- (2) be provided by qualified persons in accordance with each resident's written care plan.

(h) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (a), (b), (f), or (g) is a deficiency; and
- (2) subsection (c), (d), or (e) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-35; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1554, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-36 Discharge summary

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 36. (a) When the facility anticipates discharge, a resident must have a discharge summary that includes the following:

- (1) A recapitulation of the resident's stay.
- (2) A final summary of the resident's status to include the components of the comprehensive assessment, at the time of the discharge that is available for release to authorized persons and agencies with the consent of the resident or legal representative.
- (3) A post-discharge care plan that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment. The post discharge plan must be presented both orally and in writing and in a language that the resident and family understand.

(b) A post-discharge plan identifies specific resident needs after discharge, such as personal care, sterile dressings, and physical therapy, and describes resident/caregiver education needs and provides instructions where applicable, to prepare the resident for discharge.

(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-36; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1555, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-37 Quality of care

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 37. (a) Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and care plan.

(b) To ensure each resident receives proper care and treatment, the facility shall assist the resident in making appropriate appointments and in arranging for transportation to and from the office of the practitioner specializing in the needed treatment.

(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a deficiency. *(Indiana State Department of Health;*

410 IAC 16.2-3.1-37; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1555, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-38 Activities of daily living

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 38. (a) Based on the comprehensive assessment of a resident and the care plan, the facility must ensure the following:

(1) The resident's abilities in activities of daily living (ADL) do not diminish unless circumstances of the resident's clinical condition demonstrate that diminution was unavoidable. Conditions demonstrating unavoidable diminution in ADLs include the following:

(A) The natural progression of the resident's disease.

(B) Deterioration of the resident's physical condition associated with the onset of a physical or mental disability while receiving care to restore or maintain functional abilities.

(2) A resident is given the appropriate treatment and services to maintain or improve his or her abilities, including, but not limited to, the following:

(A) Bathing, dressing, and grooming.

(B) Transfer and ambulation.

(C) Toileting.

(D) Eating.

(E) Speech, language, or other functional communication systems.

(3) A resident who is unable to carry out ADL receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Each resident shall show evidence of good personal hygiene, including, but not limited to, the following:

(A) Care of the skin.

(B) Shampoo and grooming of the hair.

(C) Oral hygiene and care of the lips to prevent dryness and cracking.

(D) Shaving and beard trimming.

(E) Cleaning and cutting of the fingernails and toenails.

(b) Consistent with the care plan and the resident's right to refuse care, the following services shall be provided:

(1) Each resident shall be given or assisted in oral care, at least daily, to promote clean and healthy gums and teeth. Dentures, when present, shall be properly cared for and cleaned at least daily.

(2) Each resident shall be bathed or assisted to bathe as frequently as is necessary, but at least twice weekly.

(3) Each resident shall have at least one (1) shampoo every week and more often if needed or requested as part of the resident's normal bathing schedule.

(4) Each resident shall be dressed in clean garments.

(5) Residents who are not bedfast shall be encouraged to be dressed each day.

(6) A resident who is bedfast or chair-fast shall have his or her body position changed in accordance with the resident's need as stated in the care plan. Proper body alignment shall be maintained in accordance with the capabilities of each resident.

(c) The resident shall be encouraged or assisted to be as independent as possible, including having self-help and ambulation devices readily available to meet the current needs of the resident with the devices in good repair.

(d) Each resident shall have personal care items such as combs and brushes, cleaned as appropriate.

(e) Each resident may retain personal care items if in the original container labeled by the manufacturer.

(f) The resident has the right to refuse care and treatment to restore or maintain functional abilities after efforts by the facility to counsel and/or offer alternatives to the resident. Refusal of such care and treatment should be documented in the clinical records.

(g) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (b), (c), or (f) is a deficiency; and

(2) subsection (d) or (e) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-38; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1555, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-39 Vision and hearing

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 39. (a) To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident as follows:

(1) In making appointments.

(2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-39; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1556, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-40 Pressure sores

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 40. (a) Based on the comprehensive assessment of a resident and the care plan, the facility must ensure the following:

(1) A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrated that they were unavoidable. A

determination that the development of a pressure sore was unavoidable may be made only if routine preventative and daily care was provided.

(2) A resident having pressure sores or other sign of skin breakdown receives prompt necessary treatment, pressure reducing devices and services to promote healing, prevent infection, and prevent new sores from developing.

(3) The resident's physician shall be notified at the earliest sign of a pressure sore or other skin breakdown. Such notification shall be documented in the clinical record.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (*Indiana State Department of Health; 410 IAC 16.2-3.1-40; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1556, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 16.2-3.1-41 Urinary incontinence

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

Sec. 41. (a) Based on the resident's comprehensive assessment and care plan, the facility must ensure the following:

- (1) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.
- (2) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (*Indiana State Department of Health; 410 IAC 16.2-3.1-41; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1556, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 16.2-3.1-42 Range of motion

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

Sec. 42. (a) Based on the comprehensive assessment and care plan of a resident, the facility must ensure the following:

- (1) A resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable.
- (2) A resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (*Indiana State Department of Health; 410 IAC 16.2-3.1-42; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 16.2-3.1-43 Mental and psychosocial functioning

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

Sec. 43. (a) Based on the comprehensive assessment and care plan of the resident, the facility must ensure the following:

- (1) A resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem.
- (2) A resident whose assessment did not reveal a mental or psychosocial adjustment difficulty does not display a pattern of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors unless the resident's clinical condition demonstrates that such a pattern was unavoidable.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (*Indiana State Department of Health; 410 IAC 16.2-3.1-43; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 16.2-3.1-44 Naso-gastric tubes

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

Sec. 44. (a) Based on the comprehensive assessment and comprehensive care plan of a resident, but subject to the resident's right to refuse, the facility must ensure the following:

- (1) A resident who has been able to eat enough alone or with assistance is not fed by naso-gastric tube unless the resident's clinical condition demonstrates that use of a naso-gastric tube was unavoidable.
- (2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (*Indiana State Department of Health; 410 IAC 16.2-3.1-44; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 16.2-3.1-45 Accidents

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

Sec. 45. (a) The facility must ensure the following:

- (1) The resident's environment remains as free of accident hazards as is reasonably possible.
- (2) Each resident receives adequate supervision and assistive devices to prevent accidents.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (*Indiana State Department of Health; 410*

IAC 16.2-3.1-45; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-46 Nutrition and hydration

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 46. (a) Based on a resident's comprehensive assessment and care plan, but subject to the resident's right to refuse, the facility must ensure the following:

- (1) That a resident maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible.
- (2) Receives a therapeutic diet when there is a nutritional problem.

(b) Based on the resident's comprehensive assessment and care plan, the facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. Fresh drinking water shall be provided to each resident and be available to each resident at all times, and a clean drinking glass and covered water pitcher shall be provided at least daily to each resident unless contraindicated by the resident's care plan. Ice shall be available to the residents at all times.

(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a deficiency. (*Indiana State Department of Health; 410 AC 16.2-3.1-46; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 16.2-3.1-47 Special needs

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 47. (a) The facility must ensure that the residents receive proper treatment and care by qualified personnel for the following special services if offered:

- (1) Injections.
- (2) Parenteral and enteral fluids.
- (3) Colostomy, ureterostomy, or ileostomy care.
- (4) Tracheostomy care.
- (5) Tracheal suctioning.
- (6) Respiratory care.
- (7) Foot care.
- (8) Prostheses.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (*Indiana State Department of Health; 410 IAC 16.2-3.1-47; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1558, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 16.2-3.1-48 Drug therapy

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 48. (a) Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:

- (1) in excessive dose (including duplicate drug therapy);
- (2) for excessive duration;
- (3) without adequate monitoring;
- (4) without adequate indications for its use;
- (5) in the presence of adverse consequences that indicate the dose should be reduced or discontinued; or
- (6) any combination of the reasons in this subsection.

(b) Based on a comprehensive assessment and care plan of a resident, the facility must ensure the following:

- (1) Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record.
- (2) Residents who use antipsychotic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

(c) The facility must ensure the following:

- (1) It is free of medication error rates of five percent (5%) or greater.
- (2) Residents are free of any medication errors that jeopardize their health, safety, or welfare.

(d) For purposes of IC 16-28-5-1, a breach of subsection (a), (b), or (c) is a deficiency. (*Indiana State Department of Health; 410 IAC 16.2-3.1-48; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1558, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 16.2-3.1-49 Laboratory, radiology, and other diagnostic services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 49. (a) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.

(b) If the facility provides its own laboratory services, the services must meet the applicable requirements for coverage of the services furnished by independent laboratories specified in 42 CFR 493.

(c) If the facility provides blood bank and transfusion services, it must meet the requirements for laboratories specified in 42 CFR 493.

(d) If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be approved or licensed to test specimens in the appropriate specialties and/or subspecialties of service in accordance with the requirements of 42 CFR 493.

(e) If the facility does not provide laboratory services on-site, it must have an agreement to obtain these services only from a laboratory that meets the requirements of 42 CFR 493.

(f) The facility must:

- (1) provide or obtain laboratory services only when ordered by the attending physician;
- (2) assure that the attending physician is promptly notified of the findings;

- (3) assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and
- (4) file in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory.
- (g) The nursing facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.
- (h) If the facility provides its own diagnostic services, the services must meet the applicable rules for licensure of these services.
- (i) If the facility does not provide its own diagnostic services, it must have a written agreement to obtain these services from a provider or supplier that is licensed under applicable state rules.
- (j) The facility must do the following:
 - (1) Provide or obtain radiology and other diagnostic services only when ordered by the attending physician.
 - (2) Promptly notify the attending physician of the findings.
 - (3) Assist the resident in making transportation arrangements to and from the source of the service if the resident needs assistance.
 - (4) File in the resident's clinical record signed and dated report of x-ray and other diagnostic services.
- (k) For purposes of IC 16-28-5-1, a breach of:
 - (1) subsection (a), (b), (c), (d), (e), (f)(1), (f)(2), (g), (h), (j)(1), or (j)(2) is a deficiency; and
 - (2) subsection (f)(3), (f)(4), (i), (j)(3), or (j)(4) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-49; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1558, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-50 Clinical records

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

Sec. 50. (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. Any consultation must be provided by a medical records practitioner in accordance with accepted professional standards and practices. The records must be as follows:

- (1) Complete.
- (2) Accurately documented.
- (3) Readily accessible.
- (4) Systematically organized.
- (b) Clinical records must be retained after discharge for:
 - (1) a minimum period of one (1) year in the facility and five (5) years total; or
 - (2) for a minor, until twenty-one (21) years of age.
- (c) If a facility ceases operation, the director shall be informed within three (3) business days by the licensee of the arrangements made for the preservation of the residents' clinical records.

- (d) The facility must safeguard clinical record information against loss, destruction, or unauthorized use.
- (e) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is required by one (1) or more of the following:

- (1) Transfer to another health care institution.
- (2) Law.
- (3) Third party payment contract.
- (4) The resident or legal representative.

- (f) The clinical record must contain the following:
 - (1) Sufficient information to identify the resident.
 - (2) A record of the resident's assessments.
 - (3) The care plan and services provided.
 - (4) The results of any preadmission screening conducted by the state.
 - (5) Progress notes.

- (g) Each facility shall have a well-defined policy that ensures the staff has sufficient progress information to meet the residents' needs.

- (h) A transfer form shall include:
 - (1) Identification data.
 - (2) Name of the transferring institution.
 - (3) Name of the receiving institution and date of transfer.
 - (4) Resident's personal property.
 - (5) Nurses' notes relating to the resident's:
 - (A) functional abilities and physical limitations;
 - (B) nursing care;
 - (C) medications;
 - (D) treatment;
 - (E) current diet; and
 - (F) condition on transfer.
 - (6) Diagnosis.
 - (7) Presence or absence of decubitus ulcer.
 - (8) Date of chest x-ray and skin test for tuberculosis.

- (i) Current clinical records shall be completed promptly and those of discharged residents shall be completed within seventy (70) days of the discharge date.

- (j) If a death occurs, information concerning the resident's death shall include the following:

- (1) Notification of the physician, family, responsible person, and legal representative.
- (2) The disposition of the body, personal possessions, and medications.
- (3) A complete and accurate notation of the resident's condition and most recent vital signs and symptoms preceding death.

- (k) For purposes of IC 16-28-5-1, a breach of:
 - (1) subsection (a), (d), (e), (f), (g), (h), or (j) is a noncompliance; and
 - (2) subsection (b), (c), or (i) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-50; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1559, eff Apr 1, 1997; errata, 20 IR 1738; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-51 Disaster and emergency preparedness

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

- Sec. 51. (a) The facility must have detailed written plans and procedures to meet all potential emergencies and disasters.
(b) The facility must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures.
(c) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions except that the movement of infirm or bedridden residents to safe areas or to the exterior of the building is not required. Drills shall be conducted at least four (4) times a year at regular intervals throughout the year, on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.
(d) At least annually, a facility shall attempt to hold a fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.
(e) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (a) is an offense;
- (2) subsection (b) or (c) is a deficiency; and
- (3) subsection (d) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-51; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1559, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-52 Quality assessment and assurance

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

- Sec. 52. (a) A facility must maintain a quality assessment and assurance committee consisting of the following:
- (1) The director of nursing services.
 - (2) A physician designated by the facility.
 - (3) At least three (3) other members of the facility's staff.
- (b) The quality assessment and assurance committee shall do the following:
- (1) Meet at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary.
 - (2) Develop and implement appropriate plans of action to correct identified issues.
- (c) For purposes of IC 16-28-5-1, a breach of:
- (1) subsection (a) is a deficiency; and
 - (2) subsection (b) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-52; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1560, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-3.1-53 Dining assistants

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1; IC 16-28-13-3; IC 25-23-1-1

- Sec. 53. (a) Each dining assistant shall successfully complete a sixteen (16) hour training program for dining assistants that has been approved by the department.
(b) A dining assistant training program must obtain approval from the department prior to providing instruction to individuals.
(c) The facility shall do the following:
- (1) Ensure that resident selection for dining assistance is based on the charge nurse's assessment and the resident's most recent assessment and plan of care.
 - (2) Not allow the dining assistant to assist more than two (2) residents at any one (1) time.
 - (3) Ensure the dining assistant is oriented to the following:
 - (A) The resident's diet, likes, and dislikes.
 - (B) Feeding techniques appropriate to the individual resident.
 - (4) Document the use of a dining assistant on the resident's care plan and review at each care plan conference.
 - (5) Check the nurse aide registry prior to training an individual as a dining assistant.
 - (6) Use only individuals as dining assistants who have successfully completed a department-approved training program for dining assistants.
- (d) The scope of practice for dining assistants is as follows:
- (1) A dining assistant shall work under the supervision of a licensed nurse who is on the unit or floor where the dining assistance is furnished and is immediately available to provide assistance as needed.
 - (2) In an emergency, a dining assistant shall call the supervising nurse using the resident call system or any other method available.
 - (3) A dining assistant shall assist only residents who do not have complicated eating problems, which include, but are not limited to, the following:
 - (A) Difficulty swallowing.
 - (B) Recurrent lung aspirations.
 - (C) Tube or parenteral/IV feedings.
- (e) The dining assistant training program shall consist of, but is not limited to, the following:
- (1) Eight (8) hours of classroom instruction prior to any direct contact with a resident that includes the following:
 - (A) Feeding techniques.
 - (B) Regular and special diets.
 - (C) Reporting food and fluid intake.
 - (D) Assistance with feeding and hydration.
 - (E) Communication and interpersonal skills.
 - (F) Infection control.
 - (G) Safety/emergency procedures including the Heimlich maneuver.
 - (H) Promoting residents' independence.

- (I) Abuse, neglect, and misappropriation of property.
- (J) Nutrition and hydration.
- (K) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting these changes to the supervising nurse.
- (L) Mental health and social service needs including how to respond to a resident's behavior.
- (M) Residents' rights including the following:
 - (i) Privacy.
 - (ii) Confidentiality.
 - (iii) Promoting residents' right to make personal choices to accommodate their needs.
 - (iv) Maintaining care and security of residents' personal possessions.
 - (v) Dignity.
- (2) Eight (8) hours of clinical instruction that consists of, but is not limited to, the following:
 - (A) Feeding techniques.
 - (B) Assistance with eating and hydration.
- (f) The dining assistant training program and training facility, if applicable, must ensure that clinical instruction provides for the direct supervision of the dining assistant by a licensed nurse.
- (g) Each training program shall have a qualified instructor responsible for program oversight who at a minimum:
 - (1) possesses a valid Indiana registered nurse license under IC 25-23-1-1;
 - (2) possesses two (2) years of licensed nursing experience, of which at least one (1) year of experience is in the provision of long term care services; and
 - (3) completed a department-approved training program.
- (h) An approved program director of a department nurse aide training program constitutes a qualified instructor under subsection (g) and may conduct dining assistant training without additional training.
- (i) Dining assistant training may only be provided by:
 - (1) a registered nurse;
 - (2) a licensed practical nurse;
 - (3) a qualified dietician;
 - (4) an occupational therapist; or
 - (5) a speech-language pathologist.
 Certified nurse aide and qualified medication aide personnel shall not participate in or provide any dining assistant training.
- (j) In order to issue a certificate or letter of completion to the dining assistant, the dining assistant training program shall ensure that the dining assistant demonstrates competency in all areas of instruction using a checklist approved by the department.
- (k) Each approved program shall maintain a student file that:

(1) is retained for a minimum of three (3) years; and

(2) contains:

- (A) individualized documentation of the:
 - (i) classroom training that includes dates of attendance and areas of instruction; and
 - (ii) clinical instruction that includes dates of attendance and areas of instruction including procedures and activities completed during the clinical experience; and
 - (B) a copy of the certificate or letter confirming successful completion of the dining assistant training program, which shall be signed and dated by the instructor and bear the name and address of the training program.
 - (l) The department may revoke an approved dining assistant training program if evidence exists that the program has not been administered in accordance with this section.
 - (m) For purposes of IC 16-28-5-1, a breach of:
 - (1) subsection (a), (b), (c), (d), (e), (f), (g), or (j) is a deficiency;
 - (2) subsection (h) or (i) is a noncompliance; and
 - (3) subsection (k) is a nonconformance.
- (Indiana State Department of Health; 410 IAC 16.2-3.1-53; filed Aug 11, 2004, 11:00 a.m.: 28 IR 192)*

Rule 4. Intermediate Care Facilities for the Mentally Retarded

(NOTE: Rule 4 of LSA Document #83-154(F) was disapproved by the Attorney General—see Attorney General's action letter dated April 27, 1984 in the June 1, 1984 issue of the Indiana Register at 7 IR 1606. See printed version of Rule 4, LSA Document #83-154(F) at 7 IR 1488.)

Rule 5. Residential Care Facilities

410 IAC 16.2-5-0.5 Scope of residential care facilities

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-2; IC 16-28-5-1

- Sec. 0.5. (a) A health facility that provides residential nursing care or administers medications prescribed by a physician must be licensed as a residential care facility. A health facility licensed as a comprehensive care facility is not required to also be licensed as a residential care facility in order to provide residential nursing care.
- (b) A residential care facility may not provide comprehensive nursing care except to the extent allowed under this rule.
- (c) A facility that provides services, such as room, meals, laundry, activities, housekeeping, and limited assistance in activities of daily living, without providing administration of medication or residential nursing care is not required to be

licensed. The provision by a licensed home health agency of medication administration or residential nursing care in a facility which provides room, meals, a laundry, activities, housekeeping, and limited assistance in activities of daily living does not require the facility to be licensed, regardless of whether the facility and the home health agency have common ownership, provided, however, that the resident is given the opportunity to contract with other home health agencies at any time during the resident's stay at the facility. (d) Notwithstanding subsection (f), a resident is not required to be discharged if receiving hospice services through an appropriately licensed provider of the resident's choice.

(e) Notwithstanding subsection (f)(2), (f)(3), (f)(4), and (f)(5), a residential care facility that retains appropriate professional staff may provide comprehensive nursing care to residents needing care for a self-limiting condition.

(f) The resident must be discharged if the resident:

- (1) is a danger to the resident or others;
- (2) requires twenty-four (24) hour per day comprehensive nursing care or comprehensive nursing oversight;
- (3) requires less than twenty-four (24) hour per day comprehensive nursing care, comprehensive nursing oversight, or rehabilitative therapies and has not entered into a contract with an appropriately licensed provider of the resident's choice to provide those services;
- (4) is not medically stable; or
- (5) meets at least two (2) of the following three (3) criteria unless the resident is medically stable and the health facility can meet the resident's needs:

- (A) Requires total assistance with eating.
- (B) Requires total assistance with toileting.
- (C) Requires total assistance with transferring.

(g) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (a) or (b) is an offense; and
- (2) subsection (c), (d), (e), or (f) is a deficiency.

(Indiana State Department of Health; 410 IAC 16.25-0.5; filed Jan 21, 2003, 8:34 a.m.; 26 IR 1911, eff Mar 1, 2003)

410 IAC 16.2-5-1 Applicability

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-2

Sec. 1. This rule applies to all residential care facilities licensed under IC 16-28-2. *(Indiana State Department of Health; 410 IAC 16.25-1; filed May 2, 1984, 2:50 p.m.; 7 IR 1497; filed Jan 10, 1997, 4:00 p.m.; 20 IR 1560, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.; 24 IR 4234)*

410 IAC 16.2-5-1.1 Licenses

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-18-2-167; IC 16-28-1-10; IC 16-28-2-2; IC 16-28-2-4; IC 16-28-5-7

Sec. 1.1. (a) Any person, in order to lawfully operate a health facility as defined in IC 16-18-2-167, shall first obtain an authorization to occupy the facility or a license from the

director. The applicant shall notify the director, in writing, before the applicant begins to operate a facility that is being purchased or leased from another licensee. Failure to notify the director precludes the issuance of a full license.

(b) The director may approve occupancy and use of the structure pending a final licensure decision.

(c) The director may issue a health facility license for a new facility upon receipt, review, and approval of the following requirements:

(1) The applicant shall submit a license application on the prescribed form in accordance with IC 16-28-2-2. The applicant shall identify direct and indirect ownership interests of five percent (5%) or more and of officers, directors, and partners.

(2) The applicant shall submit the appropriate license fee.

(3) Prior to the start of construction, detailed architectural and operational plans shall be submitted to the division for consideration and approval. The plans shall state the licensure classification sought. Plans for projects involving less than thirty thousand (30,000) cubic feet require suitable detailed plans and sketches. Plans for projects involving more than thirty thousand (30,000) cubic feet require certification by an architect or an engineer registered in Indiana. A plan of operation, in sufficient detail to facilitate the review of functional areas, that is, nursing unit, laundry, and kitchen, shall accompany the submitted plan.

(4) The director shall be notified of the design release from the department of fire and building services.

(5) The director shall be provided with written notification that construction of the building is substantially complete.

(6) The applicant shall submit to the director the following:

(A) Corporate or partnership structure.
(B) A complete list of facilities previously and currently owned or operated by the officers, directors, agents, and managing employees.

(C) A copy of agreements and contracts.

(D) If registration is required by the secretary of state, a copy of the registration.

(E) A staffing plan to include the number, educational level, and personal health of employees.

(F) A disaster plan.

(7) The applicant shall submit information and supporting documents required by the director documenting that the facility will be operated in reasonable compliance with this article and applicable statutes.

(8) The applicant shall submit a report by the state fire marshal that the facility is in reasonable compliance with the fire safety rules of the fire

- prevention and building safety commission (675 IAC).
- (9) The applicant shall submit information verified by the appropriate building official that the building is in reasonable compliance with the building rules of the fire prevention and building safety commission (675 IAC).
- (10) The facility shall meet the environmental and physical standards of section 1.6 of this rule.
- (11) The applicant shall submit an independent verification of assets and liabilities demonstrating working capital adequate to operate the facility. The verification shall be performed by a certified public accountant. The verification shall be submitted to the director on a form approved by the department. The verification shall be accompanied by documents required by the application form and other documents or information as required by the department to evidence adequate working capital to operate the facility.
- (d) The director may issue a health facility license for an existing facility that proposes a change from a previously approved plan review upon receipt, review, and approval of the following requirements:
- (1) The applicant shall submit the appropriate licensure fee.
 - (2) Prior to the start of construction, detailed architectural and operational plans shall be submitted to the division for consideration and approval. The plans shall state the licensure classification sought. Plans for projects involving less than thirty thousand (30,000) cubic feet require suitable detailed plans and sketches. Plans for projects involving more than thirty thousand (30,000) cubic feet require certification by an architect or an engineer registered in Indiana. A plan of operation, in sufficient detail to facilitate the review of functional areas, that is, nursing unit, laundry, and kitchen, shall accompany the submitted plan.
 - (3) The director shall be notified of the design release from the department of fire and building services.
 - (4) The director shall be provided with written notification that construction of the building is substantially complete.
 - (5) The applicant shall submit information and supporting documents required by the director that the facility will be operated in reasonable compliance with this article and applicable statutes.
 - (6) The applicant shall submit a report by the state fire marshal that the facility is in reasonable compliance with the fire safety rules of the fire prevention and building safety commission (675 IAC).
 - (7) Information verified by the appropriate building official that the building is in reasonable compliance with the building rules of the fire prevention and building safety commission (675 IAC).
- (e) The director may issue a health facility license for an existing facility that proposes a change in beds upon receipt, review, and approval of the following requirements:
- (1) The applicant shall submit the appropriate license fee.
 - (2) The facility shall meet the environmental and physical standards of section 1.6 of this rule.
 - (3) The applicant shall submit a report by the state fire marshal that the facility is in reasonable compliance with the fire safety rules of the fire prevention and building safety commission (675 IAC).
- (f) The director may issue a health facility license for a facility that has changed ownership upon receipt, review, and approval of the following requirements:
- (1) The applicant shall submit a license application on the prescribed form in accordance with IC 16-28-2-2. The applicant shall identify direct and indirect ownership interests of five percent (5%) or more and of officers, directors, and partners.
 - (2) The applicant shall submit the appropriate license fee.
 - (3) The applicant shall submit information and supporting documents required by the director documenting that the facility will be operated in reasonable compliance with this article and applicable statutes.
 - (4) The applicant shall submit to the director the following:
 - (A) Corporate or partnership structure.
 - (B) A complete list of facilities previously or currently owned or operated by the officers, directors, agents, and managing employees.
 - (C) A copy of agreements and contracts.
 - (D) If registration is required by the secretary of state, a copy of the registration.
 - (E) A staffing plan to include the number, educational level, and personal health of employees.
 - (F) A disaster plan.
 - (5) An applicant for a license shall submit an independent verification of assets and liabilities demonstrating working capital adequate to operate the facility. The verification shall be performed by a certified public accountant. The verification shall be submitted to the director on a form approved by the department. The verification shall be accompanied by documents required by the application form and other documents or information as required by the department to evidence adequate working capital to operate the facility.
- (g) The director may issue a provisional license to a new facility or to a facility under new ownership in accordance with IC 16-28-2-4(2).

(h) For the renewal of a license, the director may issue a full license for any period up to one (1) year, issue a probationary license, or deny a license application upon receipt and review of the following requirements:

(1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license. The renewal application shall be on a form provided and approved by the division. The applicant shall identify direct or indirect ownership interests of five percent (5%) or more and of officers, directors, and partners.

(2) The applicant shall submit the appropriate license fee.

(3) The director shall verify that the facility is operated in reasonable compliance with IC 16-28-2 and this article.

(4) The state fire marshal shall verify that the facility is in reasonable compliance with the applicable fire safety statutes and rules (675 IAC).

(i) If the director issues a probationary license, the license may be granted for a period of three (3) months. However, no more than three (3) probationary licenses may be issued in a twelve (12) month period. Although the license fee for a full twelve (12) month period has been paid, a new fee shall be required prior to the issuance of a probationary license.

(j) Any change in direct or indirect corporate ownership of five percent (5%) or more that occurs during the licensure period shall be reported to the director, in writing, at the time of the change. The facility must also provide written notice at the time the change occurs in the officers, directors, agents, or managing employees, or the corporation, association, or other company responsible for the management of the facility.

(k) For a good cause shown, waiver of any nonstatutory provisions of this rule may be granted by the executive board for a specified period in accordance with IC 16-28-1-10.

(l) A licensure survey finding or complaint allegation does not constitute a breach for the purposes of IC 16-28-2 until or unless the commissioner makes a specific determination that a breach has occurred. Moreover, the director shall issue a citation only upon a determination by the commissioner that a breach has occurred. Regardless of whether the commissioner makes a determination that a breach has occurred, a licensure survey finding or complaint allegation may be used as evidence as to whether a violation actually occurred for the purposes of licensure hearings or any other proceedings initiated under IC 16-28-2 or this article.

(m) The classification of rules into the categories that are stated at the end of each section of this rule and 410 IAC 16.2-6 through 410 IAC 16.2-7 shall be used to determine the corrective actions and penalties, if appropriate, to be imposed by the commissioner upon a determination that a breach has occurred as follows:

(1) An offense presents a substantial probability that death or a life-threatening condition will result. For an offense, the commissioner shall issue an order for immediate correction of the offense. In addition, the commissioner shall:

(A) impose a fine not to exceed ten thousand dollars (\$10,000); or

(B) order the suspension of new admissions to the health facility for a period not to exceed forty-five (45) days;

or both. If the offense is immediately corrected, the commissioner may waive up to fifty percent (50%) of any fine imposed and reduce the number of days for suspension of new admissions by one-half (½). The commissioner may also impose revocation by the director of the facility's license or issuance of a probationary license.

(2) A deficiency presents an immediate or direct, serious adverse effect on the health, safety, security, rights, or welfare of a resident. For a deficiency, the commissioner shall issue an order for immediate correction of the deficiency. In addition, the commissioner may:

(A) impose a fine not to exceed five thousand dollars (\$5,000); or

(B) order the suspension of new admissions to the health facility for a period not to exceed thirty (30) days;

or both. For a repeat of the same deficiency within a fifteen (15) month period, the commissioner shall order immediate correction of the deficiency, and impose a fine not to exceed ten thousand dollars (\$10,000), or suspension of new admissions to the facility for a period not to exceed forty-five (45) days, or both. If the deficiency is immediately corrected, the commissioner may waive up to fifty percent (50%) of any fine imposed and reduce the number of days for suspension of new admissions by one-half (½). The commissioner may also impose revocation by the director of the facility license or issuance of a probationary license.

(3) A noncompliance presents an indirect threat on the health, safety, security, rights, or welfare of a resident. For a noncompliance, the commissioner shall require the health facility to submit a plan of correction approved or directed under IC 16-28-5-7. If the facility is found to have a pattern of noncompliance, the commissioner may suspend new admissions to the health facility for a period not to exceed ten (10) days or impose a fine not to exceed one thousand dollars (\$1,000), or both. Additionally, if the health facility is found to have a repeat of the same noncompliance in any eighteen (18) month period, the commissioner shall issue an order for immediate correction of the noncompliance. The commissioner may impose a fine not to exceed five thousand dollars (\$5,000) or suspension of new admissions to the health facility for a period not to exceed thirty (30) days, or both.

(4) A nonconformance is any other classified rule that does not fall in the three (3) categories established in subdivisions (1) through (3). For a nonconformance, the commissioner shall require the health facility to comply with any plan of correction approved or directed in accordance with IC 16-28-5-7. For a repeat of the same nonconformance within a fifteen (15) month period, the commissioner shall require the health facility to comply with any plan of correction approved or directed in accordance with IC 16-28-5-7. For a repeat pattern of nonconformance, the commissioner may suspend new admissions to the health facility for a period not to exceed fifteen (15) days or impose a fine not to exceed one thousand dollars (\$1,000), or both.

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410 IAC 16.25-1.2 Residents' rights

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 421.5; IC 12-10-5.5; IC 12-10-15-9;
IC 16-28-5-1

Sec. 1.2. (a) Residents have the right to have their rights recognized by the licensee. The licensee shall establish written policies regarding residents' rights and responsibilities in accordance with this article and shall be responsible, through the administrator, for their implementation. These policies and any adopted additions or changes thereto shall be made available to the resident, staff, legal representative, and general public. Each resident shall be advised of residents' rights prior to admission and shall signify, in writing, upon admission and thereafter if the residents' rights are updated or changed. There shall be documentation that each resident is in receipt of the described residents' rights and responsibilities. A copy of the residents' rights must be available in a publicly accessible area. The copy must be in at least 12-point type and a language the resident understands.

(b) Residents have the right to a dignified existence, self determination, and communication with and access to persons and services inside and outside the facility. Residents have the right to exercise their rights as a resident of the facility and as a citizen or resident of the United States.

(c) Residents have the right to exercise any or all of the enumerated rights without:

- (1) restraint;
- (2) interference;
- (3) coercion;
- (4) discrimination; or
- (5) threat of reprisal;

by the facility. These rights shall not be abrogated or changed in any instance, except that, when the resident has been adjudicated incompetent, the rights devolve to the resident's legal representative. When a resident is found by his or her physician to be medically incapable of

understanding or exercising his or her rights, the rights may be exercised by the resident's legal representative.

(d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality.

(e) Residents have the right to be provided, at the time of admission to the facility, the following:

- (1) A copy of his or her admission agreement.
- (2) A written notice of the facility's basic daily or monthly rates.
- (3) A written statement of all facility services (including those offered on an as needed basis).
- (4) Information on related charges, admission, readmission, and discharge policies of the facility.
- (5) The facility's policy on voluntary termination of the admission agreement by the resident, including the disposition of any entrance fees or deposits paid on admission. The admission agreement shall include at least those items provided for in IC 12-10-15-9.
- (6) If the facility is required to submit an Alzheimer's and dementia special care unit disclosure form under IC 12-10-5.5, a copy of the completed Alzheimer's and dementia special care unit disclosure form.

(f) Residents have the right to be informed of any facility policy regarding overnight guests. This policy shall be clearly stated in the admission agreement.

(g) Residents have the right to be informed by the facility, in writing at least thirty (30) days in advance of the effective date, of any changes in the rates or services that these rates cover.

(h) The facility must furnish on admission the following:

- (1) A statement that the resident may file a complaint with the director concerning resident abuse, neglect, misappropriation of resident property, and other practices of the facility.
- (2) The most recently known addresses and telephone numbers of the following:
 - (A) The department.
 - (B) The office of the secretary of family and social services.
 - (C) The ombudsman designated by the division of disability, aging, and rehabilitation services.
 - (D) The area agency on aging.
 - (E) The local mental health center.
 - (F) Adult protective services.

The addresses and telephone numbers in this subdivision shall be posted in an area accessible to residents and updated as appropriate.

(i) The facility will distribute to each resident upon admission the state developed written description of law concerning advance directives.

(j) Residents have the right to the following:

- (1) Participate in the development of his or her service plan and in any updates of that service plan.
- (2) Choose the attending physician and other providers of services, including arranging for on-site health care services unless contrary to facility policy. Any limitation on the resident's

- right to choose the attending physician or service provider, or both, shall be clearly stated in the admission agreement. Other providers of services, within the content of this subsection, may include home health care agencies, hospice care services, or hired individuals.
- (3) Have a pet of his or her choice, so long as the pet does not pose a health or safety risk to residents, staff, or visitors or a risk to property unless prohibited by facility policy. Any limitation on the resident's right to have a pet of his or her choice shall be clearly stated in the admission agreement.
- (4) Refuse any treatment or service, including medication.
- (5) Be informed of the medical consequences of a refusal under subdivision (4) and have such data recorded in his or her clinical record if treatment or medication is administered by the facility.
- (6) Be afforded confidentiality of treatment.
- (7) Participate or refuse to participate in experimental research. There must be written acknowledgement of informed consent prior to participation in research activities.
- (k) The facility must immediately consult the resident's physician and the resident's legal representative when the facility has noticed:
- (1) a significant decline in the resident's physical, mental, or psychosocial status; or
 - (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.
- (l) If the facility participates in the Medicaid waiver or residential care assistance programs, or both, the facility must provide to residents written information about how to apply for Medicaid benefits and room and board assistance.
- (m) The facility must promptly notify the resident and, if known, the resident's legal representative when there is a change in roommate assignment.
- (n) Residents may, throughout the period of their stay, voice grievances to the facility staff or to an outside representative of their choice, recommend changes in policy and procedure, and receive reasonable responses to their requests without fear of reprisal or interference.
- (o) Residents have the right to form and participate in a resident council, and families of residents have the right to form a family council, to discuss alleged grievances, facility operation, residents' rights, or other problems and to participate in the resolution of these matters as follows:
- (1) Participation is voluntary.
 - (2) During resident or family council meetings, privacy shall be afforded to the extent practicable unless a member of the staff is invited by the resident council to be present.
 - (3) The licensee shall provide space within the facility for meetings and assistance to residents or families who desire to attend meetings.
 - (4) The facility shall develop and implement policies for investigating and responding to complaints when made known and grievances made by:
 - (A) an individual resident;
 - (B) a resident council or family council, or both;
 - (C) a family member;
 - (D) family groups; or
 - (E) other individuals.
- (p) Residents have the right to the examination of the results of the most recent annual survey of the facility conducted by the state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys.
- (q) Residents have the right to appropriate housing assignments as follows:
- (1) When both husband and wife are residents in the facility, they have the right to live as a family in a suitable room or quarters and may occupy a double bed unless contraindicated for medical reasons by the attending physician.
 - (2) Written facility policy and procedures shall address the circumstances in which persons of the opposite sex, other than husband and wife, will be allowed to occupy a bedroom, if such an arrangement is agreeable to the residents or the residents' legal representatives.
- (r) The transfer and discharge rights of residents of a facility are as follows:
- (1) As used in this section, "interfacility transfer and discharge" means the movement of a resident to a bed outside of the licensed facility.
 - (2) As used in this section, "intrafacility transfer" means the movement of a resident to a bed within the same licensed facility.
 - (3) When a transfer or discharge of a resident is proposed, whether intrafacility or interfacility, provision for continuity of care shall be provided by the facility.
 - (4) Health facilities must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless:
 - (A) the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
 - (B) the transfer or discharge is appropriate because the resident's health has improved sufficiently so that the resident no longer needs the services provided by the facility;
 - (C) the safety of individuals in the facility is endangered;
 - (D) the health of individuals in the facility would otherwise be endangered;
 - (E) the resident has failed, after reasonable and appropriate notice, to pay for a stay at the facility; or
 - (F) the facility ceases to operate.
 - (5) When the facility proposes to transfer or discharge a resident under any of the

circumstances specified in subdivision (4)(A), (4)(B), (4)(C), (4)(D), or (4)(E), the resident's clinical records must be documented. The documentation must be made by the following:

(A) The resident's physician when transfer or discharge is necessary under subdivision (4)(A) or (4)(B).

(B) Any physician when transfer or discharge is necessary under subdivision (4)(D).

(6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following:

(A) Notify the resident of the transfer or discharge and the reasons for the move, in writing, and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident's clinical record and transmit a copy to the following:

(i) The resident.

(ii) A family member of the resident if known.

(iii) The resident's legal representative if known.

(iv) The local long term care ombudsman program (for involuntary relocations or discharges only).

(v) The person or agency responsible for the resident's placement, maintenance, and care in the facility.

(vi) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative services, who may assist with placement decisions.

(vii) The resident's physician when the transfer or discharge is necessary under subdivision (4)(C), (4)(D), (4)(E), or (4)(F).

(B) Record the reasons in the resident's clinical record.

(C) Include in the notice the items described in subdivision (9).

(7) Except when specified in subdivision (8), the notice of transfer or discharge required under subdivision (6) must be made by the facility at least thirty (30) days before the resident is transferred or discharged.

(8) Notice may be made as soon as practicable before transfer or discharge when:

(A) the safety of individuals in the facility would be endangered;

(B) the health of individuals in the facility would be endangered;

(C) the resident's health improves sufficiently to allow a more immediate transfer or discharge;

(D) an immediate transfer or discharge is required by the resident's urgent medical needs; or

(E) a resident has not resided in the facility for thirty (30) days.

(9) For health facilities, the written notice in subdivision (7) must include the following:

(A) The reason for transfer or discharge.

(B) The effective date of transfer or discharge.

(C) The location to which the resident is transferred or discharged.

(D) A statement in not smaller than 12-point bold type that reads, "You have the right to appeal the health facility's

decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a

hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below."

(E) The name of the director and the address, telephone number, and hours of operation of the division.

(F) A hearing request form prescribed by the department.

(G) The name, address, and telephone number of the state and local long term care ombudsman.

(H) For health facility residents with developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission.

(10) If the resident appeals the transfer or discharge, the health facility may not transfer or discharge the resident within thirty-four (34) days after the resident receives the initial transfer or

discharge notice unless an emergency exists as provided under subdivision (8).

(11) If nonpayment is the basis of a transfer or discharge, the resident shall have the right to pay the balance owed to the facility up to the date of the transfer or discharge and then is entitled to remain in the facility.

(12) The department shall provide a resident who wishes to appeal the transfer or discharge from a facility the opportunity to file a request for a hearing postmarked within ten (10) days following the resident's receipt of the written notice of the transfer or discharge from the facility.

(13) If a health facility resident requests a hearing, the department shall hold an informal hearing at the health facility within twenty-three (23) days from the date the resident receives the notice of transfer or discharge. The department shall attempt to give at least five (5) days' written notice to all parties prior to the informal hearing. The department shall issue a decision within thirty (30) days from the date the resident receives the notice. The health facility must convince the department by a preponderance of the evidence that the transfer or discharge is authorized under subdivision (4). If the department determines that the transfer is appropriate, the resident must not be required to leave the health facility within the thirty-four (34) days

after the resident's receipt of the initial transfer or discharge notice unless an emergency exists under subdivision (8). Both the resident and the health facility have the right to administrative or judicial review under IC 4-21.5 of any decision or action by the department arising under this section. All hearings held de novo shall be held in the facility where the resident resides.

(14) An intrafacility transfer can be made only if the transfer is necessary for:

- (A) medical reasons as judged by the attending physician; or
- (B) the welfare of the resident or other persons.

(15) If an intrafacility transfer is required, the resident must be given notice at least two (2) days before relocation, except when:

- (A) the safety of individuals in the facility would be endangered;
- (B) the health of individuals in the facility would be endangered;
- (C) the resident's health improves sufficiently to allow a more immediate transfer; or
- (D) an immediate transfer is required by the resident's urgent medical needs.

(16) The written notice of an intrafacility transfer must include the following:

- (A) Reasons for transfer.
- (B) Effective date of transfer.

(C) Location to which the resident is to be transferred.

(D) Name, address, and telephone number of the local and state long term care ombudsman.

(E) For health facility residents with developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission.

(17) The resident has the right to relocate prior to the expiration of the two (2) days' notice.

(18) Prior to any interfacility or involuntary intrafacility relocation, the facility shall prepare a relocation plan to prepare the resident for relocation and to provide continuity of care. In nonemergency relocations, the planning process shall include a relocation planning conference to which the resident, his or her legal representative, family members, and physician shall be invited. The planning conference may be waived by the resident.

(19) At the planning conference the resident's medical, psychosocial, and social needs with respect to the relocation shall be considered and a plan devised to meet these needs.

(20) The facility shall provide reasonable assistance to the resident to carry out the relocation plan.

(21) The facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.

(22) If the relocation plan is disputed, a meeting shall be held prior to the relocation with the administrator or his or her designee, the resident, and the resident's legal representative. An interested family member, if known, shall be invited. The purpose of the meeting shall be to discuss possible alternatives to the proposed relocation plan.

(23) A written report of the content of the discussion at the meeting and the results of the meeting shall be reviewed by:

- (A) the administrator or his or her designee;
 - (B) the resident;
 - (C) the resident's legal representative; and
 - (D) an interested family member, if known;
- each of whom may make written comments on the report.

(24) The written report of the meeting shall be included in the resident's permanent record.

(s) Residents have the right to have reasonable access to the use of the telephone for local or toll free calls for emergency and personal use where calls can be made without being overheard.

(t) Residents have the right to manage their personal affairs and funds. When the facility manages these services, a resident may, by written request, allow the facility to execute

all or part of their financial affairs. Management does not include the safekeeping of personal items. If the facility agrees to manage the resident's funds, the facility must:

- (1) provide the resident with a quarterly accounting of all financial affairs handled by the facility;
 - (2) provide the resident, upon the resident's request, with reasonable access, during normal business hours, to the written records of all financial transactions involving the individual resident's funds;
 - (3) provide for a separation of resident and facility funds;
 - (4) return to the resident, upon written request and within no later than fifteen (15) calendar days, all or any part of the resident's funds given the facility for safekeeping;
 - (5) deposit, unless otherwise required by federal law, any resident's personal funds in excess of one hundred dollars (\$100) in an interest-bearing account (or accounts) that is separate from any of the facility's operating accounts and that credits all interest earned on the resident's funds to his or her account (in pooled accounts, there must be a separate accounting for each resident's share);
 - (6) maintain resident's personal funds that do not exceed one hundred dollars (\$100) in a noninterest-bearing account, interest bearing account, or petty cash fund;
 - (7) establish and maintain a system that assures a full, complete, and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf;
 - (8) provide the resident or the resident's legal representative with reasonable access during normal business hours to the funds in the resident's account;
 - (9) provide the resident or the resident's legal representative upon request with reasonable access during normal business hours to the written records of all financial transactions involving the individual resident's funds;
 - (10) provide to the resident or his or her legal representative a quarterly statement of the individual financial record and provide to the resident or his or her legal representative a statement of the individual financial record upon the request of the resident or the resident's legal representative; and
 - (11) convey, within thirty (30) days of the death of a resident who has personal funds deposited with the facility, the resident's funds and a final accounting of those funds to the individual or probate jurisdiction administering the resident's estate.
- (u) Residents have the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms.
- (v) Residents have the right to be free from:

- (1) sexual abuse;
- (2) physical abuse;
- (3) mental abuse;
- (4) corporal punishment;
- (5) neglect; and
- (6) involuntary seclusion.

- (w) Residents have the right to be free from verbal abuse.
- (x) Residents have the right to confidentiality of all personal and clinical records. Information from these sources shall not be released without the resident's consent, except when the resident is transferred to another health facility, when required by law, or under a third party payment contract. The resident's records shall be made immediately available to the resident for inspection, and the resident may receive a copy within five (5) working days, at the resident's expense.
- (y) Residents have the right to be treated as individuals with consideration and respect for their privacy. Privacy shall be afforded for at least the following:

- (1) Bathing.
- (2) Personal care.
- (3) Physical examinations and treatments.
- (4) Visitations.

- (z) Residents have the right to:

- (1) refuse to perform services for the facility;
- (2) perform services for the facility, if he or she chooses, when:
 - (A) the facility has documented the need or desire for work in the service plan;
 - (B) the service plan specifies the nature of the duties performed and whether the duties are voluntary or paid;
 - (C) compensation for paid duties is at or above the prevailing rates; and
 - (D) the resident agrees to the work arrangement described in the service plan.

- (aa) Residents have the right to privacy in written communications, including the right to:

- (1) send and promptly receive mail that is unopened unless the administrator has been instructed otherwise in writing by the resident; and
- (2) have access to stationery, postage, and writing implements at the resident's own expense.

- (bb) Residents have the right and the facility must provide immediate access to any resident by:

- (1) individuals representing state or federal agencies;
- (2) any authorized representative of the state;
- (3) the resident's individual physician;
- (4) the state and area long term care ombudsman;
- (5) the agency responsible for the protection and advocacy system for developmentally disabled individuals;
- (6) the agency responsible for the protection and advocacy system for mentally ill individuals;

(7) immediate family or other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time;

(8) the resident's legal representative or spiritual advisor subject to the resident's right to deny or withdraw consent at any time; and

(9) others who are visiting with the consent of the resident subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time.

(cc) Residents have the right to choose with whom they associate. The facility shall provide reasonable visiting hours, which should include at least twelve (12) hours a day, and the hours shall be made available to each resident. Policies shall also provide for emergency visitation at other hours. The facility shall not restrict visits from the resident's legal representative or spiritual advisor, except at the request of the resident.

(dd) The facility shall provide reasonable access to any resident, consistent with facility policy, by any entity or individual that provides health, social, legal, and other services to any resident, subject to the resident's right to deny or withdraw consent at any time.

(ee) The facility shall allow representatives of the state ombudsman to examine a resident's clinical records with the permission of the resident or the resident's legal representative and consistent with state law.

(ff) Residents have the right to participate in social, religious, community services, and other activities of their choice that do not interfere with the rights of other residents at the facility.

(gg) Residents have the right to individual expression through retention of personal clothing and belongings as space permits unless to do so would infringe upon the rights of others or would create a health or safety hazard.

(hh) The facility shall exercise reasonable care for the protection of residents' property from loss and theft. The administrator or his or her designee is responsible for investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident.

(ii) If the resident's personal laundry is laundered by the facility, the facility shall identify these items in a suitable manner at the resident's request.

(jj) Residents may use facility equipment, such as washing machines, if permitted by the facility.

(kk) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (u) or (v) is an offense;
- (2) subsection (b), (c), (d), (j), (k), (n), (o)(4), (r), (w), (x), (y), (z), (aa), (bb), or (dd) is a deficiency;
- (3) subsection (a), (e), (f), (g), (h), (i), (l), (o)(1), (o)(2), (o)(3), (p), (q), (s), (t), (cc), (ee), (ff), (gg), (hh), or (ii) is a noncompliance; and
- (4) subsection (m) or (ij) is a nonconformance.

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410 IAC 16.25-1.3 Administration and management

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 12-10-5.5; IC 16-28-5-1; IC 25-19-1

Sec. 1.3. (a) The licensee is responsible for compliance with all applicable laws. The licensee has full authority and responsibility for the organization, management, operation, and control of the licensed facility. The delegation of any authority by the licensee does not diminish the responsibilities of the licensee.

(b) The licensee shall provide the number of staff as required to carry out all the functions of the facility, including the following:

- (1) Initial orientation of all employees.
- (2) A continuing inservice education and training program for all employees.
- (3) Provision of supervision for all employees.

(c) The licensee shall appoint an administrator licensed under IC 25-19-1 and delegate to that administrator the authority to organize and implement the day-to-day operations of the facility. The licensee, if a licensed administrator, may act as the administrator of the facility.

(d) The licensee shall notify the director within three (3) working days of a vacancy in the administrator's position. The licensee shall also notify the director of the name and license number of the replacement administrator.

e) An administrator shall be employed to work in each licensed health facility. For purposes of this subsection, an individual can only be employed as an administrator in one (1) health facility or one (1) hospital-based long term care unit at a time.

(f) In the administrator's absence, an individual shall be authorized, in writing, to act on the administrator's behalf.

(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following:

- (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:

- (A) epidemic outbreaks;
- (B) poisonings;
- (C) fires; or
- (D) major accidents.

If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.

(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.

(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.

- (4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the employee's full name and the dates and hours worked during the past twelve (12) months.
 - (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.
 - (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request.
- (h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include:
- (1) the range of services offered;
 - (2) residents' rights;
 - (3) personnel administration; and
 - (4) facility operations.
- Such policies shall be made available to residents upon request.
- (i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows:
- (1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.
 - (2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.
- (j) If professional or diagnostic services are to be provided to the facility by an outside resource, either individual or institutional, an arrangement shall be developed between the licensee and the outside resource for the provision of the services. If a written agreement is used, it shall specify:
- (1) the responsibilities of both the facility and the outside resource;
 - (2) the qualifications of the outside resource staff;
 - (3) a description of the type of services to be provided, including action taken and reports of findings; and
 - (4) the duration of the agreement.

(k) The facility shall conspicuously post the license or a true copy thereof within the facility in a location accessible to public view.

(l) In facilities that are required under IC 12-10-5.5 to submit an Alzheimer's and dementia special care unit disclosure form, the facility must designate a director for the Alzheimer's and dementia special care unit. The director shall have an earned degree from an educational institution in a health care, mental health, or social service profession or be a licensed health facility administrator. The director shall have a minimum of one (1) year work experience with dementia or Alzheimer's residents, or both, within the past five (5) years. Persons serving as a director for an existing Alzheimer's and dementia special care unit at the time of adoption of this rule are exempt from the degree and experience requirements. The director shall have a minimum of twelve (12) hours of dementia-specific training within three (3) months of initial employment as the director of the Alzheimer's and dementia special care unit and six (6) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents and to gain understanding of the current standards of care for residents with dementia.

(m) The director of the Alzheimer's and dementia special care unit shall do the following:

- (1) Oversee the operation of the unit.
- (2) Ensure that personnel assigned to the unit receive required inservice training.
- (3) Ensure that care provided to Alzheimer's and dementia care unit residents is consistent with inservice training, current Alzheimer's and dementia care practices, and regulatory standards.

(n) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (a), (g), or (m) is a deficiency;
- (2) subsection (b), (c), (d), (e), (f), (h), (i), (j), or (l) is a noncompliance; and
- (3) subsection (k) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.25-1.3; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1565, eff Apr 1, 1997; errata filed Jan 10, 1997, 4:00 p.m.: 20 IR 1593; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2415; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1919, eff Mar 1, 2003; filed Jul 22, 2004, 10:05 a.m.: 27 IR 4002)

410 IAC 16.2-5-1.4 Personnel

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1; IC 16-28-13-3

Sec. 1.4. (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.

(b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend

on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff

person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.

(c) Any unlicensed employee providing more than limited assistance with the activities of daily living must be either a certified nurse aide or a home health aide. Existing facilities that are not licensed on the date of adoption of this rule and that seek licensure within one (1) year of adoption of this rule have two (2) months in which to ensure that all employees in this category are either a certified nurse aide or a home health aide.

(d) Prior to working independently, each employee shall be given an orientation to the facility by the supervisor (or his or her designee) of the department in which the employee will work. Orientation of all employees shall include the following:

(1) Instructions on the needs of the specialized populations:

- (A) aged;
- (B) developmentally disabled;
- (C) mentally ill;
- (D) dementia; or
- (E) children; served in the facility.

(2) A review of the facility's policy manual and applicable procedures, including:

- (A) organization chart;
- (B) personnel policies;
- (C) appearance and grooming policies for employees; and
- (D) residents' rights.

(3) Instruction in first aid, emergency procedures, and fire and disaster preparedness, including evacuation procedures.

(4) Review of ethical considerations and confidentiality in resident care and records.

(5) For direct care staff, personal introduction to, and instruction in, the particular needs of each resident to whom the employee will be providing care.

(6) Documentation of the orientation in the employee's personnel record by the person supervising the orientation.

(e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows:

(1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel.

(2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia.

(3) Inservice records shall be maintained and shall indicate the following:

- (A) The time, date, and location.
- (B) The name of the instructor.
- (C) The title of the instructor.
- (D) The names of the participants.
- (E) The program content of inservice.

The employee will acknowledge attendance by written signature.

(f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following:

(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.

(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.

(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.

(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.

(g) The facility must prohibit employees with communicable disease or infected skin lesions from direct contact with

residents or their food if direct contact will transmit the disease. An employee with signs and symptoms of communicable disease, including, but not limited to, an infected or draining skin lesion, shall be handled according to a facility's policy regarding direct contact with residents, their food, or resident care items until the condition is resolved. Persons with suspected or proven active tuberculosis will not be permitted to work until determined to be noninfectious and documentation is provided for the employee record.

(h) The facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following:

- (1) The name and address of the employee.
- (2) Social Security number.
- (3) Date of beginning employment.
- (4) Past employment, experience, and education, if applicable.
- (5) Professional licensure or registration number or dining assistant certificate or letter of completion, if applicable.
- (6) Position in the facility and job description.
- (7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills.
- (8) Signed acknowledgement of orientation to residents' rights.
- (9) Performance evaluations in accordance with facility policy.
- (10) Date and reason for separation.

(i) The employee personnel record shall be retained for at least three (3) years following termination or separation of the employee from employment.

(j) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (b), (c), or (g) is a deficiency;
- (2) subsection (a), (d), (e), or (f) is a noncompliance; and
- (3) subsection (h) or (i) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.25-1.4; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1567, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2415; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1921, eff Mar 1, 2003; filed Jul 22, 2004, 10:05 a.m.: 27 IR 4003; filed Aug 11, 2004, 11:00 a.m.: 28 IR 193)

410 IAC 16.2-5-1.5 Sanitation and safety standards

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 1.5. (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.

(b) The facility shall maintain equipment and supplies in a safe and operational condition and in sufficient quantity to meet the needs of the residents.

(c) The facility shall not have more residents than the number for which it is licensed, except in the case of emergency when temporary permission may be granted by the director.

(d) The facility shall comply with fire and safety standards, including the applicable rules of the state fire prevention and

building safety commission (675 IAC) where applicable to health facilities.

(e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:

(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.

(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.

(3) All plumbing shall function properly and comply with state plumbing codes.

(4) At least yearly, heating and ventilating systems shall be inspected.

(f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24.

(g) Each facility shall have a policy concerning pets.

(h) Any pet housed in a facility shall have periodic veterinary examinations and required immunizations.

(i) The facility shall handle, store, process, and transport clean and soiled linen in a safe and sanitary manner that will prevent the spread of infection.

(j) The facility shall observe safety precautions when oxygen is stored or administered in the facility. Residents on oxygen shall be instructed in safety measures concerning storage and administration of oxygen.

(k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.

(l) The facility shall have an effective garbage and waste disposal program in accordance with 410 IAC 7-24. Provision shall be made for the safe and sanitary disposal of solid waste, including dressings, needles, syringes, and similar items.

(m) The facility's food supplies shall meet the standards of 410 IAC 7-24.

(n) The facility shall develop, adopt, and implement written policies and procedures on cleaning, disinfecting, and sterilizing equipment used by more than one (1) person in a common area.

(o) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (a), (b), (d), (e), (f), (i), (j), (k), (l), (m), or (n) is a deficiency;
- (2) subsection (g) or (h) is a noncompliance; and
- (3) subsection (c) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.25-1.5; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1569, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1923, eff Mar 1, 2003; errata filed Jan 21, 2005, 10:32 a.m.: 28 IR 1695)

410 IAC 16.2-5-1.6 Physical plant standards

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-2; IC 16-28-5-1

Sec. 1.6. (a) The facility shall make provisions for the handicapped as required by state or federal codes.

(b) The facility shall have adequate plumbing, heating, and ventilating systems as governed by applicable rules of the fire prevention and building safety commission (675 IAC). Plumbing, heating, and ventilating systems shall be maintained in normal operating condition and utilized as necessary to provide comfortable temperatures in all areas.

(c) Each facility shall have an adequate air conditioning system, as governed by applicable rules of the fire prevention and building safety commission (675 IAC). The air conditioning system shall be maintained in normal operating condition and utilized as necessary to provide comfortable temperatures in all resident and public areas.

(d) The facility shall be supplied with safe, potable water, under pressure, from a source approved by the Indiana department of environmental management. If a private water supply is used, the facility shall comply with appropriate laws and rules.

(e) Sewage shall be discharged into a public sewerage system in accordance with the laws and rules of the Indiana water pollution control board, where a system is available. Otherwise, sewage shall be collected, treated, and disposed of in an approved on-site wastewater system in accordance with 410 IAC 6-10.

(f) The facility shall have, for each room used for dining, living, or sleeping purposes, light and ventilation by means of outside windows with an area equal to one-tenth (1/10) of the total floor area of such rooms.

(g) The following standards apply to resident rooms:

(1) Each room shall have at least eighty (80) square feet per bed for rooms occupied by more than one (1) person and one hundred (100) square feet for single occupancy.

(2) A facility initially licensed prior to January 1, 1964, must provide not less than sixty (60) square feet per bed in multiple occupancy rooms.

(3) A facility initially licensed after January 1, 1964, must have at least seventy (70) square feet of usable floor area for each bed.

(4) Any facility that provides an increase in bed capacity, with plans approved after December 19, 1977, must provide eighty (80) square feet of usable floor area per bed.

(5) For facilities and additions to facilities for which construction plans are submitted for approval after July 1, 1984, resident rooms shall not contain more than four (4) residents' beds per room.

(h) The facility shall have natural lighting augmented by artificial illumination, when necessary, to provide light intensity and to avoid glare and reflective surfaces that produce discomfort and as indicated in the following table:

Minimum Average Area	Foot-Candles
Corridors and interior ramp	15
Stairways and landing	20
Recreation area	40
Dining area	20
Resident care room	20
Nurses' station	40
Nurses' desk for charts and records	60
Medicine cabinet	75
Utility room	15
Janitor's closet	15

Reading and bed lamps 20

Toilet and bathing facilities 20

Food preparation surfaces and
utensil washing facilities 70

(i) The facility shall house residents only in areas approved by the director for housing and given a fire clearance by the state fire marshal. The facility shall:

(1) Have a floor at or above grade level. A facility whose plans were approved before the effective date of this rule may use rooms below ground level for resident occupancy if the floors are not more than three (3) feet below ground level.

(2) Provide each resident the following items upon request at the time of admission:

(A) A bed:

(i) of appropriate size and height for the resident;

(ii) with a clean and comfortable mattress; and

(iii) with comfortable bedding appropriate to the temperature of the facility.

(B) A bedside cabinet or table with a hard surface and washable top.

(C) A cushioned comfortable chair.

(D) A bedside lamp.

(E) If the resident is bedfast, an adjustable over-the-bed table or other suitable device.

(3) Provide cubicle curtains or screens if requested by a resident in a shared room.

(4) Provide a method by which each resident may summon a staff person at any time.

(5) Equip each resident unit with a door that swings into the room and opens directly into the corridor or common living area.

(6) Not house a resident in such a manner as to require passage through the room of another resident. Bedrooms shall not be used as a thoroughfare.

(7) Individual closet space. For facilities and additions to facilities for which construction plans are submitted for approval after July 1, 1984, each resident room shall have clothing storage that includes a closet at least two (2) feet wide and two (2) feet deep, equipped with an easily opened door and a closet rod at least eighteen (18) inches long of adjustable height to provide access by residents in wheelchairs.

(j) The following standards apply to toilet, lavatory, and tub or showers:

(1) For facilities initially licensed after (effective date), each unit shall have a private toilet, lavatory, and tub or shower.

(2) For facilities for which plans were approved prior to April 1, 1997, the following criteria is *[sic, are]* applicable:

(A) Bathing facilities for residents not served by bathing facilities in their rooms shall be provided as follows:

Residents Bathtubs or Showers

3 to 22 1

23 to 37 2
38 to 52 3
53 to 67 4
68 to 82 5
83 to 97 6

(B) A central bathing tub shall be available.

(C) Central bathing and toilet facilities shall be partitioned or curtained for privacy.

(D) Toilets, bath, and shower compartments shall be separated from rooms by solid walls or partitions that extend from the floor to the ceiling.

(E) Toilet facilities shall be provided as follows:

Residents of the Same Sex Toilets
Open-Front Lavatories

3 to 18 1 1
19 to 30 2 2
31 to 42 3 3
43 to 54 4 4
55 to 66 5 5
67 to 78 6 6

(3) For facilities and additions to facilities for which construction plans are submitted for approval after July 1, 1984, at least one (1) toilet and lavatory shall be provided for each eight (8) residents as follows:

(A) Toilet rooms adjacent to resident bedrooms shall serve no more than two (2) resident rooms or more than eight (8) beds.

(B) The toilet room shall contain a toilet, lavatory, liquid soap, and disposable towel dispenser.

(C) Each resident shall have access to a toilet and lavatory without entering a common corridor area.

(D) For facility with common toilet facilities, at least one (1) toilet and one (1) lavatory for each gender on each floor utilized by residents.

(E) All bathing and shower rooms shall have mechanical ventilation.

(k) Hot water temperature for all bathing and hand washing facilities shall be controlled by an automatic control valve. Water temperature at point of use must be maintained between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit.

(l) The facility shall have a nourishment station for supplemental food service separate from the resident's unit.

(m) Ice shall be readily available to residents at all times in the facility.

(n) The facility shall have living areas with sufficient space to accommodate the dining, activity, and lounge needs of the residents and to prevent the interference of one (1) function with another as follows:

(1) Dining, lounge, and activity areas shall be:

(A) readily accessible to wheelchair and ambulatory residents; and

(B) sufficient in size to accommodate necessary equipment and to permit unobstructed movement of wheelchairs,

residents, and personnel responsible for assisting, instructing, or supervising residents.

(2) Dining tables of the appropriate height shall be provided to assure access to meals and comfort for residents seated in wheelchairs, geriatric chairs, and regular dining chairs.

(3) A comfortably furnished resident living and lounge area shall be provided on each resident occupied floor of a multi-story building. This lounge may be furnished and maintained to accommodate activity and dining functions.

(4) An area for resident activities. In a facility for which plans were approved after December 19, 1977, a restroom large enough to accommodate a wheelchair and equipped with grab bars located near the activity room shall be provided.

(5) For facilities and additions to facilities for which construction plans are submitted for approval after July 1, 1984, the total area for resident dining, activities, and lounge purposes shall not be less than thirty (30) square feet per bed.

(o) Each facility shall have an adequate kitchen that complies with 410 IAC 7-24.

(p) The facility shall have a janitor's closet conveniently located on each resident occupied floor of the facility. The janitor's closet shall contain a sink or floor receptacle and storage for cleaning supplies. The door to the janitor's closet shall be equipped with a lock and shall be locked when hazardous materials are stored in the closet.

(q) The facility shall have laundry services either in-house or with a commercial laundry by contract as follows:

(1) If a facility operates its own laundry, the laundry shall be designed and operated to promote a flow of laundry from the soiled utility area toward the clean utility area to prevent contamination.

(2) Written procedures for handling, storage, transportation, and processing of linens shall be posted in the laundry and shall be implemented.

(r) For facilities and additions to facilities for which construction plans are submitted for approval after July 1, 1984, if the facility provides therapy, the facility shall have a therapy area.

(s) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (b), (c), (d), (e), (f), (k), (o), or (q) is a deficiency;

(2) subsection (g), (h), (i), (j), (l), (m), or (n) is a noncompliance; and

(3) subsection (p) or (r) is a nonconformance.

(Indiana State Department of Health: 410 IAC 16.25-1.6; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1571, eff Apr 1, 1997; errata filed Jan 10, 1997, 4:00 p.m.: 20 IR 1593; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2415; adopted filed Jul

11, 2001, 2:23 p.m.: 24 IR 4234; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1925, eff Mar 1, 2003; errata filed Jan 21, 2005, 10:32 a.m.: 28 IR 1695)

410 IAC 16.2-5-1.7 Physical plant standards after July 1, 1984 (Repealed)

Sec. 1.7. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-5-2 Evaluation

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 2. (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident's condition, or more often at the resident's or facility's request. A licensed nurse shall evaluate the nursing needs of the resident.

(b) The preadmission evaluation (interview) shall provide the baseline information for the initial evaluation. Subsequent evaluations shall compare the resident's current status to his or her status on admission and shall be used to assure that the care the resident requires is within the range of personal care and supervision provided by a residential care facility.

(c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following:

- (1) The resident's physical, cognitive, and mental status.
- (2) The resident's independence in the activities of daily living.
- (3) The resident's weight taken on admission and semiannually thereafter.
- (4) If applicable, the resident's ability to self administer medications.

(d) The evaluation shall be documented in writing and kept in the facility.

(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:

- (1) The services offered to the individual resident shall be appropriate to the:
 - (A) scope;
 - (B) frequency;
 - (C) need; and
 - (D) preference;

of the resident.

- (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.

- (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.

(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.

(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.

(f) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (a), (b), or (e) is a deficiency; and
- (2) subsection (c) or (d) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-5-2; filed May 2, 1984, 2:50 p.m.: 7 IR 1497; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1575, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1929, eff Mar 1, 2003; filed Jul 22, 2004, 10:05 a.m.: 27 IR 4005)

410 IAC 16.2-5-3 Medical and dental services (Repealed)

Sec. 3. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-5-4 Health services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 4. (a) Each resident shall have a primary care physician selected by the resident.

(b) Each resident may have a dentist selected by the resident.

(c) Each facility shall choose whether or not it administers medication or provides residential nursing care, or both. These policies shall be delineated in the facility policy manual and clearly stated in the admission agreement.

(d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences.

(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident's physician and shall be supervised by a licensed nurse on the premises or on call as follows:

- (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.

- (2) The resident shall be observed for effects of medications. Documentation of any undesirable effects shall be contained in the clinical record. The physician shall be notified immediately if undesirable effects occur, and such notification shall be documented in the clinical record.

- (3) The individual administering the medication shall document the administration in the individual's medication and treatment records that indicate the:

- (A) time;
- (B) name of medication or treatment;
- (C) dosage (if applicable); and
- (D) name or initials of the person administering the drug or treatment.

- (4) Preparation of doses for more than one (1) scheduled administration is not permitted.

(5) Injectable medications shall be given only by licensed personnel.

(6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.

(7) Any error in medication administration shall be noted in the resident's record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident.

(f) The facility shall have available on the premises or on call the services of a licensed nurse at all times.

(g) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (e)(1), (e)(2), or (e)(5) is an offense;

(2) subsection (a), (d), (e)(3), (e)(6), (e)(7), or (f) is a deficiency;

(3) subsection (e)(4) is a noncompliance; and

(4) subsection (c) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-5-4; filed May 2, 1984, 2:50 p.m.: 7 IR 1497; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1576, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2415; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1929, eff Mar 1, 2003; filed Jul 22, 2004, 10:05 a.m.: 27 IR 4006)

410 IAC 16.2-5-5 Food and nutrition services (Repealed)

Sec. 5. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-5-5.1 Food and nutritional services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 5.1. (a) The facility shall provide, arrange, or make available three (3) well-planned meals a day, seven (7) days a week that provide a balanced distribution of the daily nutritional requirements.

(b) The menu or substitutions, or both, for all meals shall be approved by a registered dietitian.

(c) The facility must meet:

(1) daily dietary requirements and requests, with consideration of food allergies;

(2) reasonable religious, ethnic, and personal preferences; and

(3) the temporary need for meals delivered to the resident's room.

(d) All modified diets shall be prescribed by the attending physician.

(e) All food shall be served at a safe and appropriate temperature.

(f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.

(g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service.

(1) The supervisor must be one (1) of the following:

(A) A dietitian.

(B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety

(90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management.

(C) A graduate of a dietetic technician program approved by the American Dietetic Association.

(D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college

or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience

in some aspect of food service management.

(E) An individual with training and experience in food service supervision and management.

(2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis.

(3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.

(h) Diet orders shall be reviewed and revised by the physician as the resident's condition requires.

(i) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (c), (d), (e), (f), or (h) is a deficiency; and

(2) subsection (b) or (g) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-5-5.1; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1931, eff Mar 1, 2003; errata filed Jan 21, 2005, 10:32 a.m.: 28 IR 1695)

410 IAC 16.2-5-6 Pharmaceutical services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1; IC 25-26-13

Sec. 6. (a) Residents who self-medicate may keep and use prescription and nonprescription medications in their unit as long as they keep them secured from other residents.

(b) The facility shall maintain clear written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff.

(c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident:

(1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana.

(2) A consultant pharmacist shall be employed, or under contract, and shall:

(A) be responsible for the duties as specified in 856 IAC 1-7;

(B) review the drug handling and storage practices in the facility;

(C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping;

(D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and

(E) review the drug regimen of each resident receiving these services at least once every sixty (60) days.

(3) The medication review, recommendations, and notification of the physician, if necessary, shall be documented in accordance with the facility's policy.

(4) Over-the-counter medications, prescription drugs, and biologicals used in the facility must be labeled in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions and the expiration date.

(5) Labeling of prescription drugs shall include the following:

(A) Resident's full name.

(B) Physician's name.

(C) Prescription number.

(D) Name and strength of the drug.

(E) Directions for use.

(F) Date of issue and expiration date (when applicable).

(G) Name and address of the pharmacy that filled the prescription. If medication is packaged in a unit dose, reasonable variations that comply with the acceptable pharmaceutical procedures are permitted.

(6) Over-the-counter medications must be identified with the following:

(A) Resident name.

(B) Physician name.

(C) Expiration date.

(D) Name of drug.

(E) Strength.

(d) If a facility operates its own duly licensed pharmacy, it shall comply with IC 25-26-13.

(e) Medicine or treatment cabinets or rooms shall be appropriately locked at all times except when authorized

personnel are present. All Schedule II drugs administered by the facility shall be kept in individual containers under double lock and stored in a substantially constructed box, cabinet, or mobile drug storage unit.

(f) Residents may use the pharmacy of their choice for medications administered by the facility, as long as the pharmacy:

(1) complies with the facility policy receiving, packaging, and labeling of pharmaceutical products unless contrary to state and federal laws;

(2) provides prescribed service on a prompt and timely basis; and

(3) refills prescription drugs when needed, in order to prevent interruption of drug regimens.

(g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident's clinical record and shall include the following information:

(1) The name of the resident.

(2) The name and strength of the drug.

(3) The prescription number.

(4) The reason for disposal.

(5) The amount disposed of.

(6) The method of disposition.

(7) The date of the disposal.

(8) The signature of the person conducting the disposal of the drug.

(9) The signature of a witness, if any, to the disposal of the drug.

(h) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (c)(2), (c)(4), (c)(5), (c)(6), (d), or (e) is a deficiency; and

(2) subsection (a), (b), (c)(1), (c)(3), (f), or (g) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-5-6; filed May 2, 1984, 2:50 p.m.; 7 IR 1498; filed Jan 10, 1997, 4:00 p.m.; 20 IR 1579, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.; 24 IR 4234; filed Jan 21, 2003, 8:34 a.m.; 26 IR 1932, eff Mar 1, 2003)

410 IAC 16.2-5-7 Activities programs (Repealed)

Sec. 7. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.; 26 IR 1936, eff Mar 1, 2003)

410 IAC 16.2-5-7.1 Activities programs

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 7.1. (a) The facility shall provide activities programs appropriate to the abilities and interests of the residents being served.

(b) The facility shall provide and/or coordinate scheduled transportation to community-based activities.

(c) An activities director shall be designated and must be one (1) of the following:

(1) A recreation therapist.

(2) An occupational therapist or a certified occupational therapy assistant.

(3) An individual who has satisfactorily completed or will complete within one (1) year an activities director course approved by the division.

(d) After July 1, 1984, any person who has not completed an activities director course approved by the division shall receive consultation until the person has completed such a course. Consultation shall be provided by:

- (1) a recreation therapist;
- (2) an occupational therapist or occupational therapist assistant; or
- (3) a person who has completed a division approved course and has two (2) years of experience.

(e) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (a) is a deficiency;
- (2) subsection (c) or (d) is a noncompliance; and
- (3) subsection (b) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.25-7.1; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1933, eff Mar 1, 2003)

410 IAC 16.2-5-8 Clinical records (Repealed)

Sec. 8. *(Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)*

410 IAC 16.2-5-8.1 Clinical records

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 8.1. (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:

- (1) Complete.
- (2) Accurately documented.
- (3) Readily accessible.
- (4) Systematically organized.

(b) Clinical records must be retained after discharge:

- (1) for a minimum period of one (1) year in the facility and five (5) years total; or
- (2) for a minor, until twenty-one (21) years of age.

(c) The facility must safeguard clinical record information against loss, destruction, or unauthorized use.

(d) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, and release such records only as permitted by law.

(e) The clinical record must contain the following:

- (1) Sufficient information to identify the resident.
- (2) A record of the resident's evaluations.
- (3) Services provided.
- (4) Progress notes.

(f) The facility shall have a policy that ensures the staff has sufficient information to meet the residents' needs.

(g) A transfer form shall include the following:

- (1) Identification data.
- (2) Name of the transferring institution.
- (3) Name of the receiving institution and date of transfer.
- (4) Resident's personal property when transferred to an acute care facility.
- (5) Nurses' notes relating to the resident's:

(A) functional abilities and physical limitations;

(B) nursing care;

(C) medications;

(D) treatment; and

(E) current diet and condition on transfer.

(6) Diagnosis.

(7) Date of chest x-ray and skin test for tuberculosis.

(h) Current clinical records shall be completed promptly, and those of discharged residents shall be completed within seventy (70) days of the discharge date.

(i) A current emergency information file shall be immediately accessible for each resident, in case of emergency, that contains the following:

(1) The resident's name, sex, room or apartment number, phone number, age, or date of birth.

(2) The resident's hospital preference.

(3) The name and phone number of any legally authorized representative.

(4) The name and phone number of the resident's physician of record.

(5) The name and telephone number of the family members or other persons to be contacted in the event of an emergency or death.

(6) Information on any known allergies.

(7) A photograph (for identification of the resident).

(8) Copy of advance directives, if available.

(j) If a death occurs, information concerning the resident's death shall include the following:

(1) Notification of the physician, family, responsible person, and legal representative.

(2) The disposition of the body, personal possessions, and medications.

(3) A complete and accurate notation of the resident's condition and most recent vital signs and symptoms preceding death.

(k) The facility shall store inactive clinical records in accordance with applicable state and federal laws in a safe and accessible manner. The storage facilities shall provide protection from vermin and unauthorized use.

(l) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (c), (d), (e), (f), (g), (i), or (j) is a noncompliance; and

(2) subsection (b), (h), or (k) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.25-8.1; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1934, eff Mar 1, 2003)

410 IAC 16.2-5-9 Facility equipment (Repealed)

Sec. 9. *(Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)*

410 IAC 16.2-5-10 Staffing (Repealed)

Sec. 10. *(Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)*

410 IAC 16.2-5-11 Mental illness screening (Repealed)

Sec. 11. *(Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)*

410 IAC 16.2-5-11.1 Mental health screening for individuals who are recipients of Medicaid or federal Supplemental Security Income

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 12-10-6; IC 16-28-5-1

Sec. 11.1. (a) As used in this section, "mental health service provider" means the community mental health center local to the residential care facility.

(b) If the individual is a recipient of Medicaid or federal Supplemental Security Income (SSI), the individual needs evaluation provided in section 2(a) of this rule shall include, but not be limited to, the following:

(1) Screening of the individual for major mental illness, such as a diagnosed major mental illness, is limited to the following disorders:

- (A) Schizophrenia.
- (B) Schizoaffective disorder.
- (C) Mood (bipolar and major depressive type) disorder.
- (D) Paranoid or delusional disorder.
- (E) Panic or other severe anxiety disorder.
- (F) Somatoform or paranoid disorder.
- (G) Personality disorder.
- (H) Atypical psychosis or other psychotic disorder (not otherwise specified).

(2) Obtaining a history of treatment received by the individual for a major mental illness within the last two (2) years.

(3) Obtaining a history of individual behavior within the last two (2) years that would be considered dangerous to facility residents, the staff, or the individual.

(c) If a person is a recipient of Medicaid or federal SSI and has a major mental illness as defined by the individual needs assessment, the person will be referred to the mental health service provider for a consultation on needed treatment services. All residents who participate in Medicaid or SSI admitted after April 1, 1997, shall have a completed individual needs assessment in their clinical record. All persons admitted after April 1, 1997, shall have the assessment completed prior to the admission, and, if a mental health center consultation is needed, the consultation shall be completed prior to the admission and a copy maintained in the clinical record.

(d) When a state hospital refers a person with a major mental illness, the residential care facility shall request that a copy of the psychosocial and treatment recommendations collaboratively developed between the state hospital and the mental health center be forwarded to the residential care facility so that the residential care facility can determine the degree to which it can provide or arrange for the provision of such service.

(e) The residential care facility shall not admit residents with a major mental illness if:

- (1) the mental health service provider determines that the resident's needs cannot be met; and

(2) the residential care facility does not have a means to access needed services to carry out the comprehensive care plan.

(f) Each resident with a major mental illness must have a comprehensive care plan that is developed within thirty (30) days after admission to the residential care facility.

(g) The residential care facility, in cooperation with the mental health service providers, shall develop the comprehensive care plan for the resident that includes the following:

(1) Psychosocial rehabilitation services that are to be provided within the community.

(2) A comprehensive range of activities to meet multiple levels of need, including the following:

- (A) Recreational and socialization activities.
- (B) Social skills.
- (C) Training, occupational, and work programs.
- (D) Opportunities for progression into less restrictive and more independent living arrangements.

(h) The residential care facility shall provide or arrange for services to carry out the resident's comprehensive care plan.

(i) The residential care facility shall seek appropriate alternate placement in accordance with 410 IAC 16.2-2-3 if the resident's needs or comprehensive care plan, or both, cannot be met by the residential care facility.

(j) The facility must comply with IC 12-10-6 for those residents eligible for residential care assistance.

(k) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (e) is an offense;
- (2) subsection (b), (c), (g), (h), or (i) is a deficiency; and
- (3) subsection (d), (f), or (j) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-5-11.1; filed Jan 21, 2003, 8:34 a.m.; 26 IR 1935, eff Mar 1, 2003)

410 IAC 16.2-5-12 Infection control

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 4-21.5; IC 16-28-5-1

Sec. 12. (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection.

(b) The facility must establish an infection control program that includes the following:

- (1) A system that enables the facility to analyze patterns of known infectious symptoms.
- (2) Provides orientation and in-service education on infection prevention and control, including universal precautions.
- (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations.
- (4) Reporting communicable disease to public health authorities.

(c) Each resident shall have a diagnostic chest x-ray completed no more than six (6) months prior to admission.

(d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter.

(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.

(f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.

(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.

(h) All skin testing for tuberculosis shall be done using the Mantoux method (5TU, PPD) administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording.

(i) Persons with a documented history of a positive tuberculin skin test, adequate treatment for disease, or preventive therapy for infection shall be exempt from further skin testing. In lieu of a tuberculin skin test, these persons should have an annual risk assessment for the development of symptoms suggestive of tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss. If symptoms are present, the individual shall be evaluated immediately with a chest x-ray.

(j) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident only to the degree needed to isolate the infecting organism.

(k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(l) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (a) is an offense;
- (2) subsection (j) or (k) is a deficiency; and
- (3) subsection (b), (c), (d), (e), (f), (g), (h), or (i) is a noncompliance.

(Indiana State Department of Health: 410 IAC 16.2-5-12; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1935, eff Mar 1, 2003)

410 IAC 16.2-5-13 Dining assistants

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1; IC 16-28-13-3; IC 25-23-1-1

Sec. 13. (a) Each dining assistant shall successfully complete a sixteen (16) hour training program for dining assistants that has been approved by the department.

(b) A dining assistant training program must obtain approval from the department prior to providing instruction to individuals.

(c) The facility shall do the following:

(1) Ensure that resident selection for dining assistance is based on the charge nurse's assessment and the resident's most recent assessment and plan of care.

(2) Not allow the dining assistant to assist more than two (2) residents at any one (1) time.

(3) Ensure the dining assistant is oriented to the following:

(A) The resident's diet, likes, and dislikes.

(B) Feeding techniques appropriate to the individual resident.

(4) Document the use of a dining assistant on the resident's care plan and review at each care plan conference.

(5) Check the nurse aide registry prior to training an individual as a dining assistant.

(6) Use only individuals as dining assistants who have successfully completed a department-approved training program for dining assistants.

(d) The scope of practice for dining assistants is as follows:

(1) A dining assistant shall work under the supervision of a licensed nurse who is on the unit or floor where the dining assistance is furnished and is immediately available to provide assistance as needed.

(2) In an emergency, a dining assistant shall call the supervising nurse using the resident call system or any other method available.

(3) A dining assistant shall assist only residents who do not have complicated eating problems, which include, but are not limited to, the following:

(A) Difficulty swallowing.

(B) Recurrent lung aspirations.

(C) Tube or parenteral/IV feedings.

(e) The dining assistant training program shall consist of, but is not limited to, the following:

(1) Eight (8) hours of classroom instruction prior to any direct contact with a resident that includes the following:

(A) Feeding techniques.

(B) Regular and special diets.

(C) Reporting food and fluid intake.

(D) Assistance with feeding and hydration.

(E) Communication and interpersonal skills.

(F) Infection control.

(G) Safety/emergency procedures including the Heimlich maneuver.

(H) Promoting residents' independence.

(I) Abuse, neglect, and misappropriation of property.

(J) Nutrition and hydration.

(K) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting these changes to the supervising nurse.

(L) Mental health and social service needs including how to respond to a resident's behavior.
(M) Residents' rights including the following:

- (i) Privacy.
- (ii) Confidentiality.
- (iii) Promoting residents' right to make personal choices to accommodate their needs.
- (iv) Maintaining care and security of residents' personal possessions.
- (v) Dignity.

(2) Eight (8) hours of clinical instruction that consists of, but is not limited to, the following:

- (A) Feeding techniques.
- (B) Assistance with eating and hydration.

(f) The dining assistant training program and training facility, if applicable, must ensure that clinical instruction provides for the direct supervision of the dining assistant by a licensed nurse.

(g) Each training program shall have a qualified instructor responsible for program oversight who at a minimum:

- (1) possesses a valid Indiana registered nurse license under IC 25-23-1-1;
- (2) possesses two (2) years of licensed nursing experience, of which at least one (1) year of experience is in the provision of long term care services; and
- (3) completed a department-approved training program.

(h) An approved program director of a department nurse aide training program constitutes a qualified instructor under subsection (g) and may conduct dining assistant training without additional training.

(i) Dining assistant training may only be provided by:

- (1) a registered nurse;
- (2) a licensed practical nurse;
- (3) a qualified dietician;
- (4) an occupational therapist; or
- (5) a speech-language pathologist.

Certified nurse aide and qualified medication aide personnel shall not participate in or provide any dining assistant training.

(j) In order to issue a certificate or letter of completion to the dining assistant, the dining assistant training program shall ensure that the dining assistant demonstrates competency in all areas of instruction using a checklist approved by the department.

(k) Each approved program shall maintain a student file that:

- (1) is retained for a minimum of three (3) years; and
- (2) contains:
 - (A) individualized documentation of the:
 - (i) classroom training that includes dates of attendance and areas of instruction; and

(ii) clinical instruction that includes dates of attendance and areas of instruction including procedures and activities completed during the clinical experience; and

(B) a copy of the certificate or letter confirming successful completion of the dining assistant training program, which shall be signed and dated by the instructor and bear the name and address of the training program.

(l) The department may revoke an approved dining assistant training program if evidence exists that the program has not been administered in accordance with this section.

(m) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (a), (b), (c), (d), (e), (f), (g), or (j) is a deficiency;
- (2) subsection (h) or (i) is a noncompliance; and
- (3) subsection (k) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-5-13; filed Aug 11, 2004, 11:00 a.m.: 28 IR 194)

Rule 6. Health Care Facilities for Children

410 IAC 16.2-6-1 Applicability of rule

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-2; IC 16-28-5-1

Sec. 1. This rule applies to facilities that care for children licensed under IC 16-28-2. (Indiana State Department of Health; 410 IAC 16.26-1; filed May 2, 1984, 2:50 p.m.: 7 IR 1498; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1584, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-6-2 Medical and dental services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 2. (a) A complete physical, including an acceptable skin test for tuberculosis, a dental examination, and an evaluation of the child's medical and physical capabilities, shall be completed on the day of admission or not earlier than thirty (30) days prior to admission.

(b) Upon admission, written evidence shall indicate completion of an immunization series for diphtheria, tetanus, rubella, whooping cough, measles, and polio. The age of the child or the written order by the attending physician, contraindicating a new immunization, may alter the series. A planned program for booster immunization shall be maintained for each resident.

(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a noncompliance. (Indiana State Department of Health; 410 IAC 16.26-2; filed May 2, 1984, 2:50 p.m.: 7 IR 1499; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1585, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-6-3 Nursing services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 3. (a) Each child shall be given nursing care and supervision based on individual needs.

(b) Nursing care shall include, but is not limited to, providing the following:

(1) Each child shall be bathed or assisted to bathe as frequently as is necessary but at least daily, unless contraindicated by the physician.

(2) Each child shall be dressed in clean clothing at least daily or more often as needed to keep the child clean.

(3) Each child shall be given or assisted in oral care daily.

(4) Each child shall be checked at least every two (2) hours and shall be given a diaper change and clothing change if soiled. Skin care shall be given with each diaper change to prevent pressure sores, heat rashes, or other skin breakdown.

(5) A minimum of two (2) supervised play periods shall be provided daily. Each child shall be taken out of the bed for the play periods unless in the judgment of the charge nurse or physician it is contraindicated due to conditions or medical treatment.

(6) Helpless children shall be protected from active children.

(7) Each child shall be held or placed in a chair for feeding unless otherwise ordered by the attending physician.

(c) The growth and development of each child shall be monitored and encouraged by the following:

(1) Adopting food habits as near as possible to those of normal children.

(2) Obtaining specific diet orders for each child that include the kind, consistency, and quantity of food required. Children shall receive solid foods whenever possible.

(3) Evaluation of the diet order by the physician or dietitian at least every six (6) months.

(4) Obtaining and recording the weight and height on admission.

(5) Subsequent to admission, weights shall be taken and recorded monthly and height measured and recorded as ordered by the physician.

(d) No child shall be restrained except to prevent injury to himself or others, and then, only upon the written order of the physician.

(e) According to his needs, each child shall be taught the activities of daily living, including:

- (1) toilet training;
- (2) hand washing;
- (3) self-feeding; and
- (4) social skills.

(f) A program shall be provided for children to participate in daily living activity, that is, household tasks, which is not dangerous or injurious to the health or general welfare of the child.

(g) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (d) is a deficiency;
- (2) subsection (b), (c), (e), or (f) is a noncompliance; and
- (3) subsection (a) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-6-3; filed May 2, 1984, 2:50 p.m.: 7 IR 1499; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1585, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-6-4 Counseling and educational services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 4. (a) Group and parent counseling and education shall be provided as indicated in the facility's policy manual to aid in promoting the education of and consultation with the parents. The facility shall notify the educational authority of the admission of a child to the facility and shall comply with applicable state department of public instruction statutes and rules.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a nonconformance. *(Indiana State Department of Health; 410 IAC 16.2-6-4; filed May 2, 1984, 2:50 p.m.: 7 IR 1499; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1585, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 16.2-6-5 Personnel

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 5. (a) Each person employed to care for, train, and supervise children shall be capable of exercising good judgment in the handling of children and have knowledge and understanding of the care required for children with special mental, emotional, and physical problems.

(b) All staff shall participate in staff development training programs designed to address the specific problems of the children housed in the facility.

(c) Each employee's health record shall contain evidence of current immunization against polio, diphtheria, rubella, and tetanus unless contraindicated by a physician who must state that the employee is free of such conditions and qualifies for employment.

(d) If the facility has more than one (1) unit, one (1) nurse or attendant shall be on duty at all times on each unit or section of the building in which children are housed.

(e) Adequate numbers of additional nursing staff shall be on duty at all times to provide proper care, such as frequent change of position, frequent diapering, bathing, careful observation to prevent injury, and for other nursing care responsibilities.

(f) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (d) or (e) is a deficiency;
- (2) subsection (b) or (c) is a noncompliance; and
- (3) subsection (a) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-6-5; filed May 2, 1984, 2:50 p.m.: 7 IR 1500; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1586, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 16.2-6-6 Physical plant standards

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 6. (a) Housing space shall be provided as follows:

(1) At least eighty (80) square feet of floor space shall be provided for each adultsized bed or adult size crib in sleeping rooms.

(2) At least fifty (50) square feet of floor space shall be provided for each child-size crib in sleeping rooms.

(3) There shall be a minimum of three (3) feet between heads, sides, or feet of beds or cribs.

(4) No more than eight (8) children shall sleep in one (1) bedroom. In facilities or additions to facilities for which plans are submitted for approval after July 1, 1984, no more than four (4) children shall sleep in one (1) bedroom.

(5) Separate bedrooms shall be provided for children of each sex over the age of six (6) years (except where the physician indicates otherwise).

(6) Size and type of beds, bedside cabinets, tables, and chairs shall be appropriate to the age, size, and needs of the children.

Double-deck beds, trundle beds, rollaway beds, or cots shall not be used.

(7) There shall be a minimum of one (1) lavatory and one (1) toilet for each eight (8) children, or fraction thereof, and one (1) bathtub, shower, or bathing sink for each twelve (12) children. The fixtures shall be of proper design and installed so as to

satisfactorily serve the types of children who will be using them.

(8) There shall be a minimum of one (1) complete bathroom on each floor occupied by children.

(9) Separate toilet rooms shall be provided for boys and girls over six (6) years of age. Partitions between toilet stools shall be provided. Nursery seats and steps shall be provided for use by small children if junior toilets are not available.

(10) Toilet facilities shall be provided for the staff and shall be separate from those provided for the children.

(b) Play or exercise area shall be provided as follows:

(1) An indoor play and exercise area shall be provided for all children over the age of one (1) year. This area shall be separate from the bedrooms and shall provide floor space sufficient to allow a minimum of thirty-five (35) square feet per licensed bed.

(2) An adequate outdoor play or exercise area shall be provided. The area shall be fenced, adequately equipped, and supervised at all times when children are present.

(3) Washable toys and other developmental and training equipment meeting sanitary and safe design standards shall be provided for both indoor and outdoor play or exercise areas.

(4) All play equipment shall be maintained in a constant state of good repair.

(5) Playpens shall be provided for children as required.

(6) A storage area shall be provided for all movable play equipment.

(c) Appropriate and safe padding of cribs, beds, playpens, and other equipment shall be provided as needed to prevent injury.

(d) At least one (1) room shall be available for isolation of a child suspected or diagnosed as having a communicable disease.

(e) A visitors' room shall be provided for visitors and group and parent counseling. Visiting shall be encouraged at any reasonable time.

(f) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (c) is a deficiency;

(2) subsection (b) is a noncompliance; and

(3) subsection (a), (d), or (e) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-6-6; filed May 2, 1984, 2:50 p.m.: 7 IR 1500; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1586, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

Rule 7. Health Facilities for Developmentally Disabled Persons

410 IAC 16.2-7-1 Applicability

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-2; IC 16-28-5-1

Sec. 1. This rule applies to facilities licensed under IC 16-28-2 that serve three (3) or more developmentally disabled individuals. *(Indiana State Department of Health; 410 IAC 16.2-7-1; filed May 2, 1984, 2:50 p.m.: 7 IR 1501; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1587, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 16.2-7-2 Admission policies and program statements

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 2. (a) Each facility shall have a written program statement and policies to assure that the facility admits only those individuals whose needs can be met. The policies shall be available to staff, residents, sponsors, and members of the public. The policies and program statement include, but are not limited to, the following:

(1) Classification of services offered.

(2) Arrangements to assure that the facility, in cooperation with community resources, can meet the needs of the individuals.

(3) The conditions of the people to be served.

(4) Admission, retention, and discharge policy.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a noncompliance. *(Indiana State Department of Health; 410 IAC 16.2-7-2; filed May 2, 1984, 2:50 p.m.: 7 IR 1501; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1587, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 16.2-7-3 Staff training and development programs

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 3. (a) Each facility shall provide in service training and shall require all staff working with developmentally disabled residents to attend staff development programs concerning developmental disabilities. Written records of such training shall be kept in the facility.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a noncompliance. (*Indiana State Department of Health; 410 IAC 16.2-7-3; filed May 2, 1984, 2:50 p.m.: 7 IR 1501; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1587, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 16.2-7-4 Resident programs

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 4. (a) The facility shall provide a program for developmentally disabled individuals, which assures the following:

(1) There is a designated staff member qualified by a minimum of two (2) years experience with developmentally disabled individuals, or through completion of the council approved training program on developmental disabilities, responsible for the program. If the designated staff member does not qualify as a qualified mental retardation professional, as defined in 410 IAC 16.2-1-32, the designee must be supervised by a qualified mental retardation professional or the facility must have a consultant qualified mental retardation professional.

(2) The designated staff member is responsible for the development and implementation of the habilitation program which shall include an assessment of need for community services and a care habilitation plan based upon a diagnostic screening.

(3) The habilitation plan which comprises the developmental component of the care plan, or in residential care the individual needs assessment, shall be reviewed and updated in accordance with the scheduled review of the overall care plan or as changes in the resident's condition indicate.

(4) Sheltered workshop programs, adult day activity programs, work activity programs, and work adjustment programs designed to meet the developmental program needs of developmentally disabled persons shall be provided outside the facility and in other community settings. These programs shall be provided by community resources whose programs are approved by the Indiana state department of public welfare in consultation with the Indiana department of mental health. A facility is in compliance with this rule, even if it is unable to obtain developmental programs from approved community resources, if:

(A) the facility has documented that it will arrange for the provision of the services from a community resource, and the community resource is willing to provide the programs and has developed a plan for implementation

within a mutually agreed upon time frame; or

(B) the facility has documented that a community resource is unavailable or is unwilling to provide the services.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a noncompliance. (*Indiana State Department of Health; 410 IAC 16.2-7-4; filed May 2, 1984, 2:50 p.m.: 7 IR 1501; errata, 7 IR 1941; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1587, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 16.2-7-5 Diagnostic screening

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 5. (a) A diagnostic screening shall be performed within the twelve (12) month period prior to admission by a physician, or diagnostic and evaluation teams designated by the department of mental health, unless medically contraindicated by the attending physician.

(b) Permission for the diagnostic screening must be received from the resident (or sponsor where appropriate).

(c) The diagnostic screening performed after admission shall include the following:

(1) An annual medical evaluation to determine the general medical status of an applicant, and to identify any medical factors which limit client activity or ability in such areas as vocational training and residential placement in less restrictive settings.

(2) A psychological evaluation to measure the applicant's potential across a wide range of skills, for example, intellectual and adaptive functioning level, aptitude, and interests. After the initial psychological evaluation, a reevaluation shall be completed at least every three (3) years for children and every five (5) years for adults or more frequently as identified by the QMRP.

(3) An annual developmental assessment which measures what the applicant is doing in a wide range of skill areas, for example, ability to dress self, tell time, and move freely in the community without assistance.

(4) A social history and an annual social services update which provides information on services and programs the applicant has received in the past, as well as what services the applicant was receiving at the time of the diagnostic screening.

(d) If the attending physician after consultation with, and the concurrence of, the QMRP has stated in writing that there is no known effective treatment or training program likely to produce significant improvement or be necessary to maintain existing skills, the facility may exclude the resident from the developmental training program. The facility shall document the reasons for exclusion and make such documentation available to survey staff. However, the facility shall continue to meet the care planning requirements of 410 IAC 16.2-3.1-35.

(e) For purposes of IC 16-28-5-1, a breach of subsection (a), (b), (c), or (d) is a noncompliance. (*Indiana State Department of Health; 410 IAC 16.2-7-5; filed May 2, 1984,*

2:50 p.m.: 7 IR 1502; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1588, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2415; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

Rule 8. Incorporation by Reference

410 IAC 16.2-8-1 Incorporation by reference

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28

Sec. 1. (a) When used in this article, references to the publications in this subsection shall mean the version of that publication listed below. The following publications are hereby incorporated by reference:

(1) National Fire Protection Association (NFPA) 101, Life Safety Code Handbook (2000 Edition). Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9904.

(2) 42 CFR 493 (October 1, 1995 Edition).

(3) 42 CFR 483.75(e)(1) (October 1, 1995 Edition).

(b) Federal rules that have been incorporated by reference do not include any later amendments than those specified in the incorporated citation. Sales of the Code of Federal Regulations are handled exclusively by the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402. All incorporated material is available for public review at the Indiana state department of health. (*Indiana State Department of Health; 410 IAC 16.2-8-1; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1588, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2415; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Apr 16, 2004, 10:30 a.m.: 27 IR 2718*)

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